

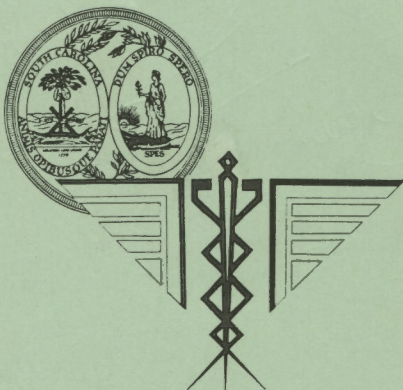
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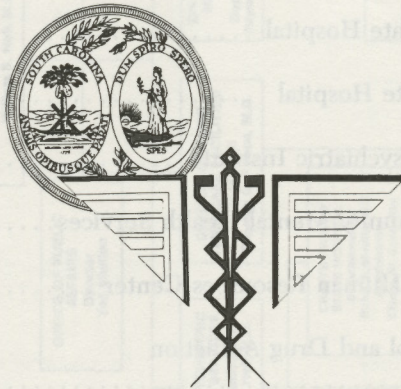
**ANNUAL REPORT
1977-78**



Printed Under the Direction of the
State Budget and Control Board

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

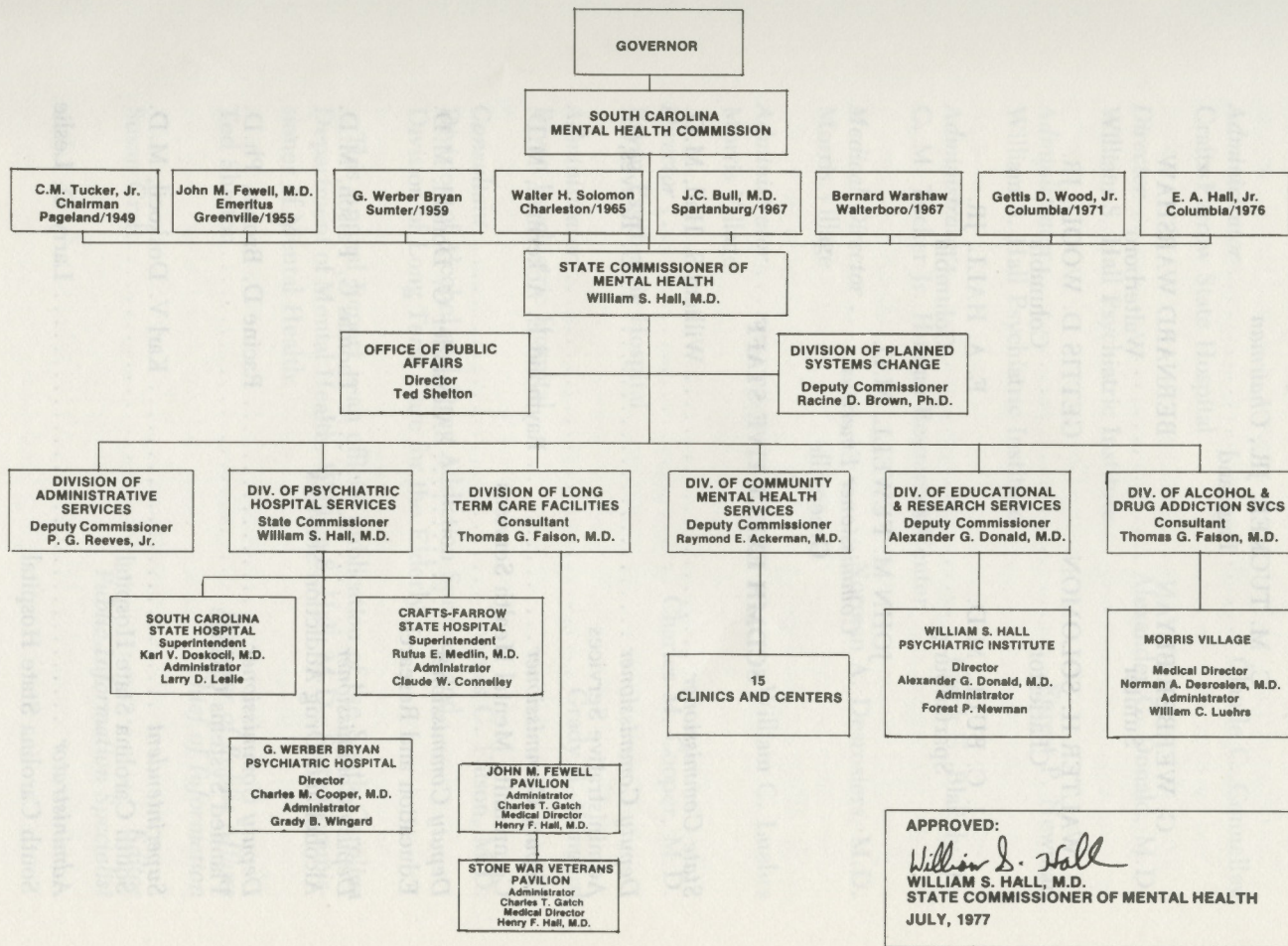
ANNUAL REPORT 1977-78



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TABLE OF CONTENTS

Organizational Chart	3
S. C. Mental Health Commissioners and SCDMH Executive Staff	4
Office of the State Commissioner	6
Office of Public Affairs	6
Division For Planned Systems Change	8
Department of Archives and History	9
Commissioner Comments	10
Division of Administrative Services	18
Division of Alcohol and Drug Addiction Services	35
Division of Long Term Care for the Elderly	36
South Carolina State Hospital	36
Crafts-Farrow State Hospital	56
William S. Hall Psychiatric Institute	78
Division of Community Mental Health Services	95
C. M. Tucker Jr. Human Resources Center	131
Division of Alcohol and Drug Addiction Morris Village	138
G. Werber Bryan Psychiatric Hospital	153
Statistics	156



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South Carolina State Hospital

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Bryan Psychiatric Hospital

Administrator Grady B. Wingard
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Consultant Thomas G. Faison, M.D.
Division of Alcohol and Drug Addiction Services and
Division of Long Term Care for the Elderly

This Annual Report is an official publication of the South Carolina
Department of Mental Health, William S. Hall, M.D., State Commis-
sioner of Mental Health.

Ted Shelton *Director of Public Affairs*
Chief of Information

Susan Craft *Editor*
Public Information Specialist

OFFICE OF THE STATE COMMISSIONER

The Office of the S. C. State Commissioner of Mental Health consists of the Commissioner (Dr. William S. Hall), an Administrative Assistant II, and an Executive Secretary.

Dr. Hall has served in this capacity since July 1, 1963. As the chief executive of the department it is his responsibility to administer the policies, rules and regulations established by the S. C. Mental Health Commission. He is appointed by this Commission, which is the governing board of the department and whose members are appointed by the Governor and confirmed by the state senate.

The Commissioner must be a medical doctor licensed in S. C. with approved training and experience in psychiatry. The Commissioner has the power to appoint and, at his discretion, remove all other officers and employees of the department (subject to approval of the Mental Health Commission).

The Commissioner acts as the immediate supervisor of the Office of Public Affairs and the deputy commissioners who are responsible for the various operations and services of the divisions of the department.

Office of Public Affairs

In its function as a public affairs entity this office received questions from the public (students requesting assistance and information about the department and mental health for class projects and citizens who are concerned about mental health services for friends, or relatives, etc.) and saw to it that they were answered through direct communication, by referring them to a proper source of information or by mailing written materials. This office handled letters of complaint from patients and their relatives forwarded from the Governor's Office and investigated such complaints.

The office provided speakers as requested by various organizations for their meetings and programs.

In its capacity as a service for dissemination of information to employees and the public the office published a monthly newsletter, the REPORT. This publication was distributed to all department employees and to a mailing list of over 700 (Governor's office, S. C. Legislators, probate judges, state agencies, S. C. Colleges and Universities, the S. C. Mental Health Commission, 25 S. C. daily and 81 weekly newspapers, 14 television and 117 radio stations, Community Mental Health Center and Clinic Board members and miscellaneous requests).

The office also published D² — DATA AND DIALOGUE, a monthly newsletter for CMHS employees.

During the year the office produced a 48-page informational indepth overview of the department, the DIGEST. It was mailed to all S. C. news media (who reproduced some of the articles in their publications) and to members of the State Legislature and will function as an informational hand-out to the public.

A total of 30 news releases were distributed to the S. C. mass media.

The office participated actively in the planning and preparation of special events such as the Annual Meeting, the SCDMH Outstanding Employee Selection and Luncheon and the Bryan Hospital Dedication Ceremonies. This involved some advance publicity, designing invitations and programs, choosing plaques, photographs and coverage of the events in department publications and the press.

Staff members created brochures and programs by request of various department facilities which presented workshops during the fiscal year, as well as informational brochures for several clinics and centers. Staff members also helped design exhibits and booths for the S. C. State Fair, the APA Annual Meeting, and for centers and clinics.

The office designed and coordinated the distribution of the 1977 Christmas Card. It is also the duty of the office to compile, edit, and prepare for publication the department's Annual Report.

Two staff members took the pictures of special department events for the record, as well as those pictures which appeared in all the department publications. The staff also took color slides of department facilities and activities which were used in "road shows," talks, and programs presented for the public by various SCDMH personnel. Color photographs and slides were taken for use in recruiting booths for Bryan Hospital and S. C. State Hospital. A photograph, negative, and slide file is kept on hand for requests, reference, and future use.

The office maintained extensive files including all publications, letters, materials, laws, information of historical interest, and special events pertaining to the department.

One staff member was responsible for finding and keeping on file all newspaper articles regarding the department and anything relating to mental health which appeared in the major S. C. newspapers.

The Coordinator of Tours and Visitations structured an educational program including audio-visual materials, speakers, question and answer sessions to accommodate school, professional and other groups interested in knowing more about the department. Over 3,453 students from throughout the state participated in this educational program.

During the eight months that the 77-78 educational school program was in effect over 45 high schools, 14 technical schools, 9 colleges, 4 volunteer groups and 2 professional groups participated in the program.

The following numbers indicate the frequency with which various facilities were visited: Bryan Hospital, 6; WSHPI, 20; SCSH, 24; CFSH, 9; and Morris Village, 3. State Hospital and WSHPI received the greater portion of the school groups due to their central location in metropolitan Columbia and the availability of space.

In addition to supervising and directing the activities of the Office of Public Affairs, the Director served as the Legislative Liaison between the Department and the General Assembly in matters involving the department. The Director also serves as the mental health consultant to the Legislative-Governor's Committee on Mental Health and Mental Retardation.

DIVISION FOR PLANNED SYSTEMS CHANGE

This Division, formerly the Office of Program Development, was designated in January 1978. It is assigned the following responsibilities:

Anticipating, identifying, analyzing and processing policy issues germane to the State Mental Health Department; developing and maintaining all Departmental State Plans, establishing and maintaining resources and procedures to assess program accountability; the design and implementation of organization development and interface management strategies; intergovernmental planning and program building; grants development and grants management; coordination and program development for services to designated special populations, e.g. children and youth; consulting with Departmental personnel on systems change matters, as appropriate to the improvement of service delivery and organizational functioning.

The salient activities of the Division for FY 1977-78 include the work of the State Plan Advisory Council; the issuance of an annual update of the State Mental Health Plan; the completion of a joint screening project with the Commission for the Blind whereby all patients in Crafts-Farrow State Hospital, S. C. State Hospital and the C. M. Tucker, Jr. Human Resources Center were screened for visual acuity; the planning and implementation of a systematic review of the bi-lateral working arrangements between Mental Health and Vocational Rehabilitation; work with the State Health Planning and Development Agency and the Health Systems Agencies; and a very active agenda for the Grants Review Board. The Division took a major role in the start-up of the G. Werber Bryan Psychiatric Hospital and in the planning for Village "B". All members of the Division took active roles in the preparation and execution of the Department's special program on Education for Primary Prevention.

Office of Youth Services

This Office is responsible for Department coordination and program development for children and youth. Within the Department, this has been facilitated by the Department Children and Youth Council, with members accountable for delivery of youth services. Key issues this year have been continuity of services, compliance with new state and federal legislation, provision of public education services for the handicapped, development of licensure for public child treatment facilities, planning residential facilities (e.g. group treatment homes), and more effective interface with State agencies and groups. This Office also has responsibility for Department interaction with other agencies and groups on behalf of South Carolina youth, as the Governor's Child Development Council, Advisory Council for Public Education Programs for the Handicapped, Legislative Study Groups, etc. Key issues have focused on the planning and delivery of child development and health services, potential legislation and implementation, training, and primary prevention. This Office represents the Department in national mental health interests through the organization State Mental Health Representatives for Children and Youth. This national group also provides a resource to gain information and collaboration from other states and federal agencies to resolve South Carolina child mental health concerns.

DEPARTMENT OF ARCHIVES AND HISTORY

The Archives and History Department, located in the East wing, ground level, of the 1822 Mills Building, the original mental hospital entitled the Lunatic Asylum, designed by the internationally famous architect, Robert Mills of South Carolina, continued of much interest and a valuable source of information.

South Carolina was the second state to authorize and finance a hospital for the mentally ill on Dec. 20, 1821, and the Mills Building is the oldest state hospital structure in the nation in continuous use. No longer occupied by patients, this is now a multiple purpose facility.

Among the treasures in the Archives are two plaques from the United States Department of the Interior stating that the Department of Archives and History Mills Building has been entered on the National Register of Historic Places under the provisions of the National Historic Preservation Act of 1966.

The Archives depicts the history of South Carolina state care of the mentally ill. Displayed are Acts of the South Carolina General Assembly establishing the Lunatic Asylum, and the various name changes; also original handwritten historical documents, admission record of the first

patient in 1928, artifacts, portraits, photographs, authentic furnishings used in the Mills Building and the S. C. State Hospital, etc., etc.

Individuals and faculty members from statewide and out of state colleges and universities came for assistance in research. Physicians from the Department of Mental Health and from throughout South Carolina came to refer to the records.

Information in travel magazines brought out of state visitors. Hundreds of high school and college students toured the beautiful, interesting facility. Officers in the Law Enforcement School of the S. C. Criminal Justice Academy came as part of the orientation training program.

Groups in the hospital inservice educational orientation course came regularly for a tour and briefing on South Carolina mental health activities.

The Historic Columbia Foundation came for a lecture tour of the Archives and then had the monthly meeting in the Mills Building parlors.

At a statewide volunteers conference in the William S. Hall Psychiatric Institute Forum there was participation with a history of South Carolina's care of the mentally ill; and a visit to the Archives. Similar talks were made elsewhere.

There was involvement in work related activities in the city.

COMMISSIONER COMMENTS

At the 1978 SCDMH Annual Meeting in Myrtle Beach on October 25-27 a panel summation of the State of the Department was presented by the major facility heads and was moderated by Dr. William S. Hall.

The following are excerpts from that panel.

(Karl V. Daskocil, M.D., Superintendent of S. C. State Hospital)

"... As you are aware, the hospital was divided in units several years ago and this brought some criticism on the part of certain groups. However, this subsided and it was proven that the unit system works very well. The one unit, which is very important, is the court unit. It might interest you that in the fiscal year 1977-78 we admitted to this unit 675 persons for evaluation of their capacity to stand trial. From this number 589 persons were returned to court at the end of observation and 86 were retained for further treatment. We are presently exploring the possibility of establishing a screening team to make rapid determination of capacity to stand trial prior to admission to the hospital. This, however, will require a great deal of negotiations with the courts, sheriffs and other officials. Such screening would, however, apply only to the court cases with minor charges. Because of the recent changes in

our forensic unit, this will need to be postponed for several months, but it is hopeful that we can accomplish this in the fairly near future in the form of a pilot project for Richland, Fairfield and Lexington counties.

The medical/surgical unit came under surveillance of PRSRO and it was necessary that a separate registrar unit be established. We have received approval from the Commission to designate the 4th and 5th floors of Byrnes Clinic as intermediate care. This could mean additional medicaid funds, but due to the regulatory agencies who must approve such a program, we have many obstacles to overcome before the program is operational. This will be a major goal in this year.

The pharmacy has implemented a unit dose drug system in the Byrnes Clinic during this fiscal year. . . . In addition to the unit dose system, we are exploring alternatives for the design of a comprehensive computerized drug information system. This will have to be a joint undertaking of the Department's Technical Support Service and the administrative and professional staff in the facilities. The system, as we envision it, will allow instant access to patient profile data and will alert the professionals to potential drug reactions and problems.

A concerted effort has been made in the area of continuing medical education, staff development, and inservice education. A series of six videotapes designed primarily for the education and training of Mental Health Specialists and other nonprofessional personnel was produced. A Learning Lab was opened in the Mills Building and is now in limited use with the expectation of expansion.

Another major goal of the hospital is the recruitment of sufficient licensed nursing staff to comply with the laws regarding the dispensing of medication.

A goal for the future is an upgrading of our buildings to meet accepted standards of safety and environment.

With the commitment of the SCDMH to the concept of the Village System it is inevitable that changes in the role of SCSH must be anticipated. Each regional hospital is expected to function as a short-term care, and rapid return of the patient to the community setting for follow-up care.

Understandably, there will be those patients who are unable to respond to this therapeutic approach and will by necessity require long-term treatment. These patients are expected to be transferred to SCSH if they do not respond within a reasonable period of time. Because it is not and cannot be the function of SCSH to provide custodial care, efforts must be made to develop and implement effective and innovative programs for the treatment and rehabilitation of chronic patients. This will require additional numbers of professional and paraprofessional personnel because these patients will require specialized programs of an in-

tense nature to prevent or lessen the process of institutionalization which will be so hard to combat.

Our treatment programs will be more oriented to chronic type population and the interaction between the SCSH and Community Mental Health Centers will need to increase in order to reach the goal to release the patient at the earliest possible time to the community where the follow-up treatment can be continued; in this way to prevent institutionalization."

(Rufus Medlin, M.D., Superintendent, Crafts-Farrow State Hospital)

"... During the last 5-6 years CFSH has gone through many changes and its population has been reduced markedly. The census came down to around 1,598-1,600 around the first of the year 1978 but has climbed since that time to run between 1,640 and 1,660. These changes have meant better quality of care and treatment offered.

At present an A & E Study is being initiated to take a look at all of the buildings at CFSH. Hopefully some sound recommendations about our buildings will come from this study. Internally we have established a Space Utilization Committee to try and cope with some of our inner space problems.

If an ICF is built to care for some 300 patients from CFSH that would reduce our census to 1,350. A further reduction of some 412 patients could be realized by discharging patients home and transferring them to Community ICF, Boarding Homes, and Nursing Homes. This would leave CFSH with some 900+ patients.

Recruiting efforts are now ongoing to upgrade the quality of our Medical Staff and only further expenditure of time and effort is required to make this a reality. Based on our current contacts and recruiting leads, I believe McLendon Clinical Center will have a medical staff second to none.

CFSH needs a Rehabilitation Medicine Department with the employment of a full-time psychiatrist and appropriate number of physiotherapists. Efforts are underway to make this a reality with the employment of these people on a full or part time basis.

One approach that we are using toward the improvement of the quality of our staff of all disciplines is the establishment of a Continuing Education Service. This is being done with the fine cooperation of the Staff Development Department. We plan to expand the capability of our Learning Lab.

There are three things that I see playing a role in shaping CFSH's future. One is the Program Planning Committee, made up of people from various departments working together to plan, implement, and monitor programs of care for the elderly patients. We are trying to

improve and devise innovative ways of coping with some of our problems.

The second idea is the grouping of patients according to their needs. This will allow us to better adapt to our buildings, allow us to locate programs and patient services to better advantage and help us maximize the efforts of our direct patient care staff.

The last thing is the computer. The Department has computer services that are available and lend themselves to many uses; records, research, budget, etc. We are currently doing a Level of Care data sheet on each new patient that is admitted and putting that into the computer. In the near future I hope to be able to put our pharmacy data into the computer."

(Alexander G. Donald, M.D., Director, William S. Hall Psychiatric Institute and the Department of Neuropsychiatry of the School of Medicine of USC)

"Nineteen of twenty-four students who began classes in August 1977 completed this first class of the School of Medicine of USC satisfactorily. Admission of thirty-six students was authorized for the freshman class this fall and the approval for the admission of forty-eight freshmen has been requested for next year.

The School now has 100 salaried faculty and 105 unsalaried faculty. The Department of Neuropsychiatry and Behavioral Sciences now has 5 salaried faculty and 21 unsalaried faculty.

A training grant application for 'Psychiatric Education of Medical Students' was submitted to the Training Branch of the National Institute of Mental Health in August 1977, site visited in January 1978, and approved with funding for this fiscal year of \$45,000.

A required clinical psychiatric rotation of six weeks to be presented during the third year and electives which will be offered during the fourth year are currently in preparation.

The progress in the development of a teaching psychiatric service at the Columbia V.A. Hospital has been rapid with a complete turnover of psychiatric staff, the addition of two staff positions (for a total of five), and the authorization of two resident positions this year and four resident positions next year, (fully funded by the V.A.).

The residency programs have continued to develop and the faculty has been active in research projects, meetings attended, presentations, and publications.

We have added a pharmacist and a dietician to the staff. They are particularly active in patient education.

A partial hospitalization program has been developed in order to give all trainees experience in this modality.

A two year study of 'Primary Prevention' is nearing completion and I recommend the written report of Convocation I last spring and Convocation II this fall.

In keeping with the legislative mandate that the Institute 'be maintained as a teaching hospital for the primary purposes of training mental health personnel,' 14 programs are conducted with full approval of the appropriate accrediting agencies."

(Raymond E. Ackerman, M.D., Deputy Commissioner of Community Mental Health Services)

"The 14 previously designated catchment areas have expanded to 16. Greenville, Charleston, Columbia, Spartanburg, Anderson, Sumter, Florence, Rock Hill, Beaufort, Greenwood, South Greenville all are comprehensive centers. Orangeburg is developing comprehensive status with federal funds allocated. Waccamaw and Tri-County have approved but unfunded federal centers grants, leaving only Aiken and the developing Lexington County services as now not having or having under development comprehensive services under federal requirements.

The first five centers listed above have exhausted their initial staffing or centers operations funding eligibility. They have been able to maintain basic level of services with less federal funding or loss of federal funding. One significant exception, however, is Spartanburg which had expanded services under a 'conversion' grant and was forced to reduce services and work force this year when federal funds were expired.

Precare-Aftercare services have continued at a high level with near 7,000 patients receiving these services through the center. We do not, however, have adequate community support systems for these persons.

Autistic children's programs have continued to provide services to approximately 100 children with continued development of adolescent services in three areas, continued expansion of training services for teachers, and continued growth of programs at Florence, Conway, Rock Hill, Columbia, in addition to maintaining programs in Charleston and Spartanburg.

Funding was obtained for pilot projects in court screening to be established in three areas, and these are being developed.

A functional management information system has been developed for the Division and, though it has problems from time to time, it is providing valuable information about patient care statistics and staff utilization. A standardized patient-record system is nearing initial implementation."

(Norman Evans, M.D., Director, G. Werber Bryan Psychiatric Hospital)

"Bryan Hospital was dedicated on February 21, 1978 and had its share of delays in opening and in making any significant progress towards putting central facilities out of business. However, this is now all past history. We have learned our lessons and we are now concentrating on the present and the future.

On October 16, 1978 Bryan opened its 24-bed acute care admissions unit with a 4 quiet room capability. This now allows us to accept all involuntary as well as voluntary admissions from our present 11 counties catchment area.

As of that date Bryan has open 3 lodges of 36 beds each and the 24-bed admissions unit, giving us a 132-bed capacity. We are now recruiting nursing personnel to staff 1 more lodge and by January 1, or sooner, we will have 168-bed capability, which will stretch us to the limits of our present budget.

We intend to make Bryan Hospital fully operational up to our 300 plus capacity as the catchment area needs and budgetary considerations allow. We plan to give the best quality care as possible and at the same time render a definite service to the catchment area. We plan to strive to become a regional hospital and a village system in fact as well as in name."

(Thomas G. Faison, M.D., Deputy Commissioner, Division of Long Term Care & Division of Alcohol and Drug Abuse Service)

"The Division of Long Term Care for the Elderly was officially activated in July 1977.

The main thrust of the Division has been to establish lines of communication and cooperation with other state and federal agencies and learning present plans and problems of working with the elderly throughout the state agency system; gathering statistical data and information on problems of the elderly and their management on a national and statewide basis; gathering educational and training material to be made available to SCDMH personnel as well as other agencies working with the elderly, especially nursing homes; designing and coordinating a series of workshops dealing with the emotional and mental problems of the elderly in nursing homes, with the assistance of personnel from CFSH, Tucker Center, and Staff Development.

To date the Division of Alcohol & Drug Addiction Services has primarily been engaged in the following: establishing increased lines of positive communication and cooperation with facilities and departments

in the SCDMH and with all state and federal agencies working in the field of alcohol and drug addiction; review and analysis of the total programming within the SCDMH; working with and co-sponsoring statewide regional seminars with Alcohol and Drug Commission; working with legislative committees in dealing with the problems associated with alcohol and drugs as well as reviewing and analyzing needs for changes in the laws pertaining to admissions; researching and studying possible funding sources — fines, forfeitures and grants; working with the S. C. Commission on Alcohol & Drug Abuse, Department of Vocational Rehabilitation and Community Mental Health Services, in efforts to facilitate combined data in regards to alcohol and drug problems and services rendered throughout the state; and compiling educational materials and data concerning alcohol and drug abuse and making them available to other agencies and/or programs.”

(Dr. William S. Hall, State Commissioner of Mental Health)

“As the moderator of this important panel on the status of the Department of Mental Health, I reserve the right to also take a few minutes as a summarizer.

These are excellent reports we have heard from our facility heads and from our Division of Community Mental Health Services.

In view of the funding restrictions which have been forced upon us Department-wise, I did not expect any overwhelming or dramatic announcement.

But if you listened as closely as I did, there was a dramatic message in the reports we heard. We heard that, despite funding problems, we have discharged our responsibility and even in some cases there has been progress.

And we heard our facility and division leaders talk with optimism about the future; about additional goals. I did not denote any bitterness or disillusionment.

As the Commissioner, I am proud of the messages I heard today. There are some things that have happened that have been disappointing; much that is happening is disillusioning. But we have not succumbed to those pitfalls. I am proud of what each and every employee has done and is doing to keep our facilities and our divisions and our Department responsive to the increasing demands which are being made upon us.

I am extremely happy that this year we brought to operational status the G. Werber Bryan Psychiatric Hospital, the first regional psychiatric hospital of the four in the Village System concept we have planned.

And I will long remember the words of Judge Frank Johnson, the distinguished dedication speaker for Bryan Hospital, who toured the

facility, was briefed on our program and said in his address that Bryan Hospital was a brick and mortar definition of the principles set forth in his landmark Wyatt vs. Stickney decision.

Dr. Evans expressed concern over Bryan Hospital getting a shaky start. I share this concern but we are rapidly overcoming the delay. We are solving our problems as they develop and there are bound to be sudden and unexpected problems arising from a new facility and a new program direction.

Architectural plans are proceeding on Village "B" to be constructed near Anderson to serve the Piedmont area and we hope to have architectural plans and specifications ready for construction bids next year. And we are proceeding with preliminary plans for Village "C" in the Pee Dee area of the state. Village "D" is hardly more at this point than a desire written into our original plan.

I am also pleased to inform you that we are now proceeding with planning what we hope will lead to the construction of a proposed 300-bed longterm care facility, an \$8 million installation approved by the General Assembly years ago but for which we only received tentative approval to proceed.

A bold step forward this past year has been our well publicized commitment toward primary prevention programs. Dr. J. Obert Kempson, Project Director of Education on Primary Prevention organized and staged Convocations I and II which dramatically focused attention toward our needs in this area.

Primary Prevention projects are underway in several of our community center and clinic facilities and as the recommendations which resulted from the Convocations are formalized even more advances will be made.

Dr. Kempson has been working out of temporary project offices in the William S. Hall Psychiatric Institute and he is now being assigned an office in Room 210 of the Department's Administration Building and will be working under the office of Deputy Commissioner for Planned Systems Change, Dr. Racine Brown.

As I said at the beginning, we could really expect no dramatic revelations in these several reports, nor in these brief remarks of summation. for severe funding cutbacks have deterred us from being as great as we want to be.

But I do want to compliment all of our panel participants for their reports, and within the framework of what has been possible I believe they and the facilities they represent have accomplished much.

Each and every employee is truly 'a noble worker in the mental health vineyard!!!' I am proud to be associated with you!"

DIVISION OF ADMINISTRATIVE SERVICES

PERSONNEL

During the past fiscal year, the Personnel Office reviewed and updated many of the existing personnel policies and procedures of the Department. New policies and procedures were researched and written as required.

In August 1977 the Personnel Office completed the preparation and distribution of a Departmental Employee Handbook. This provided all current employees with pertinent information in a concise form pertaining to their employment status. This handbook is also provided to new employees.

Classification-Compensation

Effective July 1, 1977, the state forty pay grade Classification-Compensation Plan was expanded by having five percent applied to both the minimum and maximum salaries of each pay grade. Employees in the classified service of the Department of Mental Health, that were not above the maximum of their assigned pay grade, received a five percent general increase on July 1, 1977.

Effective July 1, 1977, the state merit increase program was reinstated. However, based on insufficient funds being appropriated for this program, the Department was required to restrict merit increases to a maximum of four percent for all employees eligible for a merit increase during the fiscal year. (See attached chart)

During the fiscal year the departmental Classification-Compensation Section in conjunction with State Personnel Division participated in nineteen different classification series studies, which affected sixty-four different classifications utilized by the Department. In addition to these series studies, the departmental Classification-Compensation Section acted on individual requests involving reclassifications, promotions, transfers, etc. that affected in excess of eight hundred departmental employees.

Effective March 1, 1978, the State General Assembly adopted the federal minimum wage of \$2.65 per hour as the minimum salary paid to state employees.

MERIT INCREASE ANNUAL REPORT

	<i>Number of Employees Eligible</i>	<i>Amount of Increase Per Facility</i>
Division of Administrative Services	156	\$ 60,375
South Carolina State Hospital	1,188	\$383,951
Crafts-Farrow State Hospital	955	\$298,733
C. M. Tucker Human Resources Center ...	158	\$ 40,176
Morris Village	155	\$ 53,313
William S. Hall Psychiatric Institute	134	\$ 47,904
Bryan Psychiatric Hospital	55	\$ 31,540
SCDMH Total	2,801*	\$915,992*

* excluding Community Mental Health Services

Personnel Services and Records Activities

During the fiscal year 1977-1978, fourteen five-year service emblems, fourteen ten-year emblems, one twenty-year emblem and one forty-year emblem were awarded to employees of the Division of Administrative Services.

A total of 1,209 persons were terminated during the fiscal year 1977-1978. The annual rate of turnover, based on an average of 5,233 employees was 23.10%. This represents a 5.56 % increase in turnover. A detailed breakdown of the reasons for separation is shown in Chart I.

CHART I

Reasons for Separation from Employment During Fiscal Year 1977-78.

A.	1. Maternity	18
	2. Return to school	137
	3. Lay off of surplus employees	1
	4. Better pay, non-state	36
	5. Better opportunity, non-state	50
	6. Better working conditions, non-state	4
	7. Going into business for self	5
	11. Different job with state, different agency	53
	12. Job eliminated	21
	13. Moved out of job area	109
	14. Military service	18
	15. Other	162
	49. Personal, did not take another job	56

B. MIGHT NOT REHIRE EMPLOYEE	
50. Resigned voluntarily, but mediocre working results	21
51. Ill health	29
52. Difficulty with fellow employees, but resigned voluntarily	4
53. Excessive absence, tardiness, or discipline problem, but resigned voluntarily	24
54. Difficulty with supervisor	1
55. Misconduct	3
56. Violation of rules	4
57. Refused transfer	0
58. Discontent with salary	2
59. Discontent with work	7
60. Other	54
C. WOULD NOT REHIRE EMPLOYEE	
68. Other	66
69. Abandonment of position	66
70. Unsatisfactory working results, but resigned voluntarily	30
71. Unsatisfactory working results, discharged	37
72. Difficulty with fellow employees, but resigned voluntarily	0
73. Difficulty with fellow employees, discharged	1
74. Excessive absence, tardiness, or discipline problem, but resigned voluntarily	34
75. Excessive absence, tardiness, or discipline problem	43
76. Difficulty with supervisor	0
77. Misconduct	4
78. Violation of rules	51
79. Refused transfer	0
D. OTHER	
80. Deceased	8
81. Retired	38
83. Retired for disability	12
TOTAL	1,209

Personnel Actions involving employee changes totaled 1,765 as follows:

Promotion	385
Reassignment	265
Transfer	184
Demotion	16

Leave Without Pay	124
(Including Maternity LWP)	
Change in Name	115
Change in Hours	76
Position Title Change	3
Salary Adjustment	19
Extension of Probationary Period	20
Reclassification	220
Position Status Change	137
Reinstatement	2
Return from Maternity Leave	73
Return from Educational Leave	8
Miscellaneous	118
Total	1,765

A total of 3,515 insurance applications were processed during the fiscal year and are as follows:

PILOT LIFE GROUP INSURANCE:

Basic Life

New enrollments	6
Revisions to present policies in force	5
Cancellations	7

State Service Life

New enrollments	22
Revisions to present policies in force	185
Cancellations	6

Hospital Indemnity Plan

New enrollments	1
Revisions to present policies in force	0
Cancellations	1

A & S (Salary Continuation)

New enrollments	1
Revisions to present policies in force	1
Cancellations	1

LIBERTY LIFE:

Survivor Monthly Income Plan

New enrollments	0
Revisions	0
Cancellations	1

BLUE CROSS-BLUE SHIELD:*Blue Cross-Blue Shield Hospitalization*

New enrollments	1,599
Revisions to present policies in force	594
Cancellations	1,085

Employee Relations

The departmental Employee Relations Specialist held 219 individual counseling sessions which involved 57 employees. In addition to individual counseling, there were several group meetings with employees, their supervisors and other facility officials. There were fourteen meetings held with representatives from other state agencies concerning complaints filed by employees of the Department of Mental Health with these state agencies.

There were meetings held each month by the departmental Employee Relations Specialist with Facility Personnel Representatives to discuss new and/or changes to existing departmental policies; fund raising, membership and other campaigns sanctioned by the department; mutual employee relations functions and specific individual facility employee relations problem areas. These meetings were rotated from one facility to another each month in order that each Facility Personnel Representative might gain first hand knowledge of some of the activities that take place within the department outside of his or her own facility.

During the fiscal year, there were twenty step one, seven step two, and two step three grievances held within the department. There were two step three decisions that were appealed to and heard by the State Employee Grievance Committee.

The Department of Mental Health conducted the annual United Way Campaign during the months of September and October, 1977. A goal of \$28,000.00 for the department was established by the United Way Headquarters. A total of \$27,166.09 was contributed during this campaign for 97.02% of the assigned goal.

The Heart Fund Campaign was conducted during the months of February and March, 1978. Employees of the department contributed a total of \$2,407.07. For this achievement the department was awarded the Heart Fund Citation for the fourth successive year.

The annual campaign to raise funds for the Easter Seal Society for Crippled Children and Adults of South Carolina was conducted during the month of April, 1978. Employees of the Department contributed a total of \$694.56 to this campaign.

The annual Cancer Fund Drive was conducted during the months of April and May, 1978. Employees of the Department contributed a total of \$1,757.21 to this very worthy cause.

Employment Activities

During the fiscal year, 1977-78, a total of 10,631 interviews were conducted by the Employment Section, resulting in the employment of 1,363 people. This represents an increase of 25% over last year's employment. This increase is partially attributable to the opening of Bryan Psychiatric Hospital

The Employment Section actively participated in programs to hire disadvantaged individuals as last year. Approximately 70 people were employed through the CETA Program, Comprehensive Manpower Program and the Richland County Manpower Program.

The system of posting the vacancy list in the facilities and in the weekly bulletins was again a very useful tool. This has allowed more employees the opportunity to apply for higher level positions and thus obtaining upward mobility within the Department.

	<i>Initial</i>	<i>Total</i>	<i>Processed</i>
	<i>Interviews</i>	<i>Interviews</i>	
July	491	715	84
August	617	809	91
September	494	721	90
October	574	798	103
November	653	1,022	135
December	455	840	119
January	595	986	124
February	602	1,019	139
March	559	1,037	129
April	430	787	80
May	605	1,014	120
June	561	883	149
Totals 1977-1978 ...	6,636	10,631	1,363

RECORDS MANAGEMENT

The microfilm section has filmed over 500 cartridges of film for the South Carolina State Hospital during the year, eliminating over 500 cubic feet of hard copy record. Thus, 500 cubic feet of additional storage space was created. In addition to South Carolina State Hospital, records were filmed for Crafts-Farrow State Hospital, Finance and Accounting Section, the Personnel Section, and several of the Community Mental Health Centers and Clinics.

During the year Records Analysts from the S. C. Department of Archives and History inventoried records in all of the Mental Health Facilities except the Community Mental Health Centers. Schedules to determine the number of different series of records maintained in each

facility, the volume (cubic feet) of records kept, and the retention and disposition of those records were written. The schedules will be approved by the Archives and the State Budget and Control Board. This is the first phase of a records management program for the Department.

DEPARTMENTAL SERVICE OPERATIONS

Report covers the following organizational entities:

Upholstery	— 20071
Consumable Inventory Accounting	— 20072
Fixed Assets Accounting	— 20073
Warehouse	— 20074

1. *U.S.D.A. Commodities:*

In February 1978, the Department was advised that some sixteen commodities were available to Category IV Institutions on an ability to use without waste basis. Orders were placed for a six months supply of thirteen of these commodities with a total dollar value of \$316,313. All shipments have been received and warehoused. The Department was able to take advantage of these donations due to occupancy of the renovated cooler space in May 1978.

2. *Consumable Inventory Accounting and Warehousing:*

Beginning in August 1977 as construction and renovation was completed, space was occupied and utilized. Final move was made in May 1978 and all cereal products are now warehoused in controlled temperature storage at 38 degrees. This will eliminate insect infestation problems that occurred in prior years. During this period, a total of \$5,050,464 of stock purchases were received and issues of \$5,001,843 made. These receipts and issues are in addition to the value of U.S.D.A. Donated Commodities. A total of 205,421 computer transactions were required for these receipts and issues.

3. *Storage in General Services Warehouse:*

In storage	14,557 cases
Placed in storage FY 77-78	51,714 cases
Remaining in storage June 30, 1977	1,822 cases
Cost of Storage FY 77-78	\$13,638

Utilization of this storage space was necessary due to the renovation of existing warehouse space during this period. Action is being taken as rapidly as work force is available to alter present warehouse layout and re-warehouse all existing stock. These actions will allow the

Department to eliminate utilization of any outside storage, except in extreme emergencies, within the next three months.

4. *Salvage:*

Disposal of salvage departmental property and scrap during FY 77-78 netted the Department \$44,439 as shown:

- a. Cans, drums, rags, scrap, etc.\$16,315
- b. Beef, fat and bones\$ 3,597
- c. Vehicles (thru State Surplus)\$24,527

5. *Fixed Assets Accounting:*

Physical inventory of seven (7) major Control Points, fifteen (15) Centers and Clinics with fifty-eight (58) satellite offices was accomplished during FY 77-78. In addition to the inventories, initial input of property was accomplished for Bryan Psychiatric Hospital. This represents an increase of two (2) major Control Points, Community Mental Health and Bryan Psychiatric Hospital and nineteen (19) satellite offices from FY 76-77. In addition to performing the inventory and salvage disposal functions, the Fixed Assets Section processed 4,567 items valued at \$1,434,440 for pickup and 903 items valued at \$258,523 for deletion from the Property System. Total dollar value of items included in the Property System at conclusion of FY 77-78 is \$56,984,933.

LICENSING SECTION

Fourteen additional Community Care Homes were licensed during the year making a total of forty-six (46) facilities with a bed capacity of 572, an increase of 90 beds. Also, there are ten (10) prospective homes interested in our Community Care Program.

There were two (2) Community Care Homes to close during the year.

During the fiscal year, we have re-licensed fifty-four (54) Alcohol and Drug Abuse Facilities and have licensed seventeen (17) making a total of seventy-one (71) Alcohol and Drug Abuse Facilities.

The seven (7) Detoxification Centers have a bed capacity of 109 beds.

The eighteen (18) Halfway Houses have a bed capacity of 247 beds.

There are eleven (11) prospective Alcohol and Drug Abuse Facilities in sight for licensure.

Travel for the year has amounted to approximately 34,000 miles.

BUDGET SECTION

Personnel changes within the Budget Section resulted in the additional responsibility of coordinating the Department's Title XX pro-

gram. Responsibility for compliance with the Fiscal Accountability Act as well as coordination of the CETA program continued to be handled in this section.

During the year, the Budget Section worked closely with all sections of Administrative Services to provide accurate and detailed financial information and analysis to the various facilities of the Department. In keeping with the emphasis being placed on fiscal accountability, sectional budgeting was implemented in Administrative Services in order to encourage financial awareness among the section chiefs. This program has resulted in a more efficient utilization of the financial resources available.

The Department prepared and submitted to the Legislature its requested budget for fiscal year 1978-79, in the amount of \$60,960,771. This represented an increase in State Appropriations over 1977-78 of 6.0%.

INTERNAL AUDIT SECTION

During the fiscal year 1977-78 the Internal Audit Section of the Department of Mental Health has been expanded to include two Auditor II positions. Presently, however, due to personnel changes, the Internal Audit Section is comprised of one Auditor III and one Auditor II. The following job activities have been accomplished:

1. Fourteen Centers/Clinics of the Community Mental Health Services have been audited and are currently being audited on a semi-annual basis. The addition of the South Greenville Mental Health Center as a separate entity will be included in this fiscal year.
2. Annual audits and inventories have been performed for the Pharmacy Operations at the South Carolina State Hospital and Crafts-Farrow State Hospital.
3. Semi-annual audits and inventories of the SCDMH Commissary and a recap of the warehouse inventory have been performed. Participation in the re-count process at the warehouse was accomplished to determine the accuracy of inventory methods and accountability.
4. Annual audits and report of operations have been performed for the Canteens at the South Carolina State Hospital, Crafts-Farrow State Hospital and Morris Village.
5. Annual audit and report of operations for Friendship Center have been accomplished.
6. Quarterly audits of the eleven petty cash funds throughout the Department have been accomplished.

7. Bi-weekly payroll check distribution audits were performed at randomly selected areas throughout the Department.
8. Semi-annual audit of meat cost/pricing policies for the warehouse. Due to the rising cost of meat this study is being expanded to once a quarter this fiscal year in order to better determine pricing policies and inventory accountability.
9. The audit of drug fines at several county courthouses was accomplished to determine the priority of fines collected and transmitted to the State Treasurer for subsidization of the drug addiction program at Morris Village.
10. A procedural audit was accomplished at Crafts-Farrow State Hospital to determine the merits and/or deficiencies of the Patient Shopping Program. Recommendations submitted will be initiated and future audits conducted pursuant to approval from authorized personnel at Crafts-Farrow.

CENTER FOR ORIENTATION TO INDEPENDENT LIVING

Project COIL (Center for Orientation to Independent Living) continues to function as a deinstitutionalization program for the Department of Mental Health. This project provides services under the following programs.

The *Pre-Residential Program* serves patients from the State Hospital, Crafts-Farrow, Tucker Center, Hall Institute, Bryan Hospital and appropriate referrals through the Columbia Area Mental Health Center. This service is designed to provide an orientation for inpatient referrals as to the goals, objectives and expectations of the COIL Project. Individuals who have substantial periods of hospitalization will be worked with in areas of meal preparation and planning and skills necessary for them to begin residency in a COIL apartment. This program is an open-ended and ongoing group which typically can last for an eight week period for those patients requiring a complete orientation.

The *Residential Program* consists of one-to-one counseling and activities of daily living skills such as home management which includes such areas as grocery shopping, meal planning and preparation, apartment maintenance skills, clothing maintenance and learning to work cooperatively with one's roommate. The residential program can last up to a six month period of time for those individuals needing a longer period of orientation to independent living.

The statistics for the residential program covering the period of this annual report was 134 admissions, 36 returned to the institution from COIL for various reasons (including medical and psychiatric needs or those deemed inappropriate for the program), 17 returned to COIL

from the community, one deceased and 116 placed into community living situations. The resident census as of June 30, 1978, was 46.

The *Adult Development Program* has served approximately 200 individuals in Columbia area boarding homes and ex-residents living in independent situations in addition to COIL residents. Activities provided by this program include: home management, consumer education classes, personal development and hygiene, orientation to the community, adult education classes, social and recreational functions and arts, crafts and hobby development.

The funding for this project is under Title XX contract with the Department of Social Services. Under this contract Project COIL is reimbursed 70% of total operating costs with 30% being funded by the South Carolina Department of Mental Health.

The Department is presently negotiating the purchase of Project COIL facilities owned by Palmer College Corporation.

PURCHASING

We continue to encounter some problems with the Fiscal Accountability Act of the "Stevenson Bill" of 1976-77, but as time progresses we are becoming more familiar with the requirements and do not find it quite so time-consuming.

The opening of the G. Werber Bryan Psychiatric Hospital during this fiscal year has resulted in an increased work load in Purchasing. We hope that as they become fully operational this will level off. Due to a change in Purchasing Policies and Procedures for the Community Mental Health Centers, our office has been burdened with all requests for equipment and some supplies.

As a result of inflationary times, it seems that vendors are more demanding for quicker payment for goods and/or services and seem less willing to accommodate us with good service than in times past.

PRINT SHOP

The Print Shop has experienced a heavy demand year for 1977-78. There were four large volume publications produced this year in addition to routine requests for forms and various printed jobs.

In January we received some labor support from a temporary position and two print shop helpers through the Vocational Rehabilitation Department at South Carolina State Hospital.

These support labor positions along with the placing of a xerographic copier/duplicator for short run work has enabled the Print Shop to attain record breaking impression totals for our shop. Two different months, impressions totals exceeded the one million mark.

Yearly statistics are as follows: 3997 recorded job orders, 1,141,573 impressions and 16,572 originals processed on xerographic duplicator and 9,012,513 impressions and 7,086 originals on offset press. These figures represent a thirty percent increase in impressions totals over fiscal year 1976-77.

COMPUTER SERVICES

The Computer Services Branch handles all data processing activities for the Department. Two major organizational changes have been made in the past year: The Business Systems and the Clinical Systems Section have been combined to form the Systems and Programming Section; and Systems Programming has been made a component of the Computer Operations Section.

The function of the Systems and Programming Section is to design, program, and implement computer programs and systems to perform business applications and to gather and make available patient information.

During the past year many enhancements have been made to the online Patient Information System. The patient master file has grown to contain more than 36,000 patient records, all available to users at the various facilities. Update transactions are being applied to patient records at a rate of 8,000 to 9,000 per month.

An online Patient History System was implemented during the year, making available to users on request a display or list of individual patient status changes, ward and/or doctor changes. Diagnosis is an item soon to be added to the Patient History System.

Other projects during the year consisted of rewriting the Statistical Section's programs in Cobol to make them more efficient and to handle major changes in the statistical data systems; and making major modifications to the Training Survey System, Payroll Projections, and the Property Inventory System.

Within the Financial Management System, several major projects were completed in addition to general maintenance of the system. Programs were written to replace cash disbursement processing, previously being done on Finance's Burroughs machine. Programs were written to create and edit the online voucher Microfilm look-up file as vouchers are being Microfilmed. Summarized expenditure reports were programmed to provide reports after each check-writing and monthly. Additionally, programs were prepared to create fringe benefit vouchers after each payroll. Detail vouchers are created to charge Retirement, Pre-Retirement Death Benefits, FICA, Workmen's Compensation, and Unemployment Compensation to the appropriate account.

The Computer Operations Section utilizes programs and systems to enter, store, retrieve and process information and make it readily accessible for use by other components of the Department. This section operates twenty-four hours a day, seven days a week. The Computer Operations Section is responsible for all data processing equipment. During the past year, three additional cathode ray tube terminals have been added: one in the SCSH Admissions Office, one in the Microfilming Section, and one in the Finance and Accounting Office. Also, during the past year, the disk subsystem was replaced with a dual density disk subsystem, increasing our disk storage capacity from 800 million bytes to 1,435 million bytes. This enables additional large files to be kept on disk and thus rapidly accessible.

ENGINEERING AND PLANNING SECTION

The G. Werber Bryan Psychiatric Hospital (formerly called Village "A") has been in operation for several months now and patients are being admitted as the spaces become available. Some minor punch lists have still not been corrected by the General Contractor and some modifications are underway. The landscaping is almost complete and the facility looks good.

The Village "B" Architects/Engineers have been working with the Planning Committee and design schematics for this facility are progressing toward a treatment unit of approximately 200 beds.

The Warehouse Renovation and Addition is complete and has been accepted by the Department. Minor punch lists have still not been completed by the General Contractor.

The Renovations and Air Conditioning of the Thompson Building (SCSH) is under contract for Architect/Engineer services and plans are approximately 90% complete with advertisement for construction anticipated for the fall of 1978.

The Byrnes Clinical Center Air Conditioning System has been installed and is in operation.

The Feasibility Study of the Mills Building and Surrounding Grounds has been approved by the Budget and Control Board and the Architect/Engineer has been selected.

The Mobile Classroom Unit for the Community Mental Health's Autistic Children's Program has been completed and is ready for use by the facility.

The Engineering and Planning Section is currently working for compliance of the existing facilities with the Barrier Free Design of the Rehabilitation Act (Section 504).

Major projects for the improvements of existing facilities not mentioned above include the following:

VILLAGE SYSTEM

1. Pumping system for the lawn sprinklers.
2. Department of Highways and Public Transportation is completing the paving of the roads and parking areas.

C. M. TUCKER, JR., HUMAN RESOURCES CENTER

1. Additional parking spaces.

CRAFTS-FARROW STATE HOSPITAL

1. Stairs for Building 18.
2. Parking lot paved at Supply and Laundry.
3. Correct lightning damage to Fire Alarm System.
4. New greenhouse.
5. Renovation for Building 11 to accommodate Nursing Education.

SOUTH CAROLINA STATE HOSPITAL

1. Roofing problems still not completed for Allen, Preston, Saunders, and Cooper Buildings.
2. Byrnes Building Sprinkler System — approved by Budget and Control Board.
3. Mobile Classrooms — request for approval sent to Budget and Control Board.
4. Dr. Dorskocil's Residence — fire damage being repaired.

PROJECT COIL

1. Purchase of Palmer College Dormitories — request for approval sent to Budget and Control Board.

STAFF DEVELOPMENT PROGRAM

The SCDMH Staff Development Program is a human service program designed to teach skills relevant to mental health and the operation of mental health facilities. It provides programs for the continuing education of Departmental staff, career development needs of employees and manpower needs of the Department.

The program is based on defined needs, determined from department-wide surveys, and harnesses the special talents of qualified employees, who, as instructors, share their knowledge and skill with other employees to meet those needs. Training of this specific nature is offered by no other educational system in the state.

For the second consecutive year, over 2,000 employees participated in over 100 educational workshops offered through Staff Development. In addition to this regular continuing education curriculum, several outside consultants and special conferences were conducted. One such highlight was a series of conferences on music therapy which featured Deanna Edwards, author, songwriter and musician. ETV videotaped

her presentation which dealt with topics such as loss, sickness, death and grief. The two, one hour tapes are now available for use in workshops by professionals and community groups.

Career Development

During the past year, the Career Development Program continued its efforts to develop expanded training and promotional opportunities for paraprofessionals having direct patient care responsibilities. Efforts to design a competency based career ladder and training program were impeded by the inability to obtain a suitable pilot site and the enactment of legislation which will impact the role and function of this large group of employees.

Two significant accomplishments highlighted the 1977-78 fiscal year. A request which would allow for a linkage between the L.P.N. program at Midlands Technical College and the Department was approved by the State Budget and Control Board. The linkage will allow the Department to channel 20 qualified Mental Health Specialists per year through the program while they continue in employment. The cooperative effort will assist the Department to meet its needs for licensed personnel while providing career opportunities for many paraprofessionals.

The second major accomplishment of the Career Development Program was the opening of two Staff Learning Labs, centrally located at CFSH and SCSH. These laboratories, which serve primarily paraprofessional staff, offer both remedial programs (reading comprehensive, writing, spelling) and job-specific training programs in such areas as patient communication, observation and documentation, therapeutic approaches to patient care, and abnormal behavior.

The Career Development Program, as a short-term Federally-supported project, is scheduled to terminate September, 1978.

Quality Control

Over the last two years, Staff Development has been building an extensive computer based quality assurance program. The program has three basic components:

1. There can be accurate determination of the number of courses taught per year, the number of employees taking particular courses, how many courses each employee has taken, how many employees in a given facility, unit, or service have taken courses, etc.
2. Needs assessment via training surveys can be analyzed efficiently to allow for better programming. The most recent training survey (1977) indicated that current programming is meeting Department priorities.

3. Evaluation studies via post-course follow-up are being implemented to examine the long-term benefits of training. The results of a first effort in this area are not complete yet, but the data appear to indicate strong support for the program.

The Prevention and Management of Aggressive Behavior

In October, 1977 a training program entitled "The Prevention and Management of Aggressive Behavior" was implemented in the six residential facilities of the Department. This is a two-part program designed to increase the effectiveness of mental health professionals who are required to work with potentially violent individuals. Part I emphasizes methods of therapeutic intervention that prevent the occurrence of inappropriate behavior. The second part teaches physical intervention techniques for situations where aggression or violence does occur.

By May 1, 1978 approximately 500 facility employees had successfully completed the program. The program was taught by twenty-nine employee instructors, who were trained and certified through Staff Development. The program was made available to interested Community Mental Health Centers and Clinics during a June, 1978 instructor's seminar.

The Department's PMAB program has received considerable State and Regional recognition. Several Human Services agencies are adopting it for use within their own institutions.

Management/Supervision Series

Staff Development's series of courses for supervisors and managers has been expanded. It now includes: Basic Elements of Supervisory Training; Advanced Supervisory Training; Problem Solving Techniques; Performance Appraisal Process; and a course on SCDMH Personnel Policies and Procedures. All courses are scheduled during each training period.

The Outlook for 1978-79

Several important and challenging offerings are being planned for the current fiscal year. Staff Development, in conjunction with the Legal Branch, will play a vital role in designing and implementing training related to the Department's forthcoming Patients' Rights Program. Training programs which lead to clinical certification for professionals have exciting potential in the area of career advancement for employees. The first such program, scheduled for Fall, 1978, will result in the certification of participants by the American Association of Sex Educators, Counselors, and Therapists (AASECT). Another area of

emphasis this year will be a series of workshops dealing with Primary Prevention issues.

FRIENDSHIP CENTER

Friendship Center is a social recreation center for adults and young people in the Midlands who have had mental or emotional illness. It was founded in 1960 and is funded by the Department of Mental Health, the United Way of the Midlands, a Title XX grant and private donations. It occupies a portion of the facility that houses the Center for Orientation to Independent Living (Project COIL) located at 1135 Carter Street, Columbia, South Carolina.

The Center is open every day of the year and offers a wide variety of structured and non-structured activities such as indoor and outdoor games, parties and dances, classes for self-improvement, and trips around town and to other places of interest. Friendship Center offers no treatment but the program is carefully designed to provide opportunities for the former patient to improve his social skills, become oriented and comfortable in the community, and to develop such personal strengths and resources needed to avoid further hospitalization. The staff is composed of the Executive Director, the Program Assistant, and a part-time secretary. Seven part-time professionally trained group leaders are hired to be in charge of the evening and week-end activities.

In 1977-78 the Center has continued to have an average monthly attendance of around 1,000 members, drawing from the community at large, COIL residents, and much fewer groups of in-patients. This year's program has grown in the following areas: (1) Open more hours on the week-end (2) Development of community based programs with the YWCA and Trenholm Park (3) Contract with the Columbia Area Mental Health Center for the SKIL Program for After Care Patients. The annual budget for 1977 was \$57,227 and for 1978 is \$58,492. Friendship Center operates under the authority of its Board of Directors and the Deputy Commissioner of Administrative Services.

LEGAL BRANCH

The Legal Branch continues its primary function of collecting, enforcing and protecting the Department's claims and liens for medical care and maintenance rendered to patients. Additional duties of the Legal Branch include reviewing and drafting proposed legislation which affects or could affect the Department, enforcing the remittance of drug fines and forfeitures from the forty-six counties to Morris Village, drafting and approving contracts, leases and other documents affecting the Department, implementing the requirements of the new Administra-

tive Procedures Act as it relates to the Department and providing counsel and assistance on a variety of matters which involves legal issues.

The Attorney for Patient Affairs continues to provide assistance to patients/clients as well as department personnel and facilities in areas pertaining to patient rights. Patients are also provided with counseling and assistance on personal legal matters. A departmental task force continues progress toward the development and implementation of standards to assure patient rights and a formal patient grievance procedure.

DIVISION OF ALCOHOL AND DRUG ADDICTION SERVICES

The Office of the Deputy Commissioner has been fully activated during this past year and has already experienced a great impact in the number and quality of working relationships with other state and federal agencies concerning intensive treatment services to alcohol and drug abusers and their families. Respect and recognition for the total spectrum of services offered by the Department of Mental Health has increased markedly as representatives from other agencies have become more aware of the quality and variety of services offered.

Sponsorship of unique conferences and seminars in conjunction with other agencies has become a reality through such activities as the S. C. School of Alcohol and Drug Studies, Dialogue Conference conducted at Morris Village and the upcoming Southeastern Conference on Alcohol and Drug Abusing Woman.

The Department has also initiated a leadership role in a data interface effort which combines for the first time admissions statistics for alcohol and drug abusers from Morris Vilalge, Community Mental Health Centers, Vocational Rehabilitation and the S. C. Commission on Alcohol and Drug Abuse. This summary of admissions data does give a much more concise picture of the total efforts being undertaken regarding such services. Such efforts are indicative of our response to issues like accountability, responsibility and integration of a full service delivery system.

This Office has also initiated a thorough review and updating of all contracts and agreements which affect the smooth operation of the interests of this Division and Morris Village. Two significant ones were the Treatment Services contract with the S. C. Department of Corrections.

Additionally, a timely study was conducted regarding admissions to S. C. State Hospital and Crafts-Farrow State Hospital of persons with a primary and secondary diagnosis of alcohol and drug abuse. The study

disclosed the fact that a large number of our citizens have serious psychiatric impairment as well as difficulties with alcohol and other drugs.

Finally, this Office will continue to positively represent this department's total spectrum of services to alcohol and drug abusers and their families by maximizing cooperative efforts with other agencies and encouraging the most cost-effective and quality treatment services at Morris Village and other SCDMH facilities as well.

DIVISION OF LONG TERM CARE FOR THE ELDERLY

Since this office was activated in January, additional participation in various committees has been possible, including the Community Based Services Committee which is starting a pilot project in Spartanburg-Cherokee-Union counties for continuity of care in the home through supervised-coordinated services from all agencies as appropriate. Other committee work includes the Senator Rubin Study Committee on Aging, the Village B Planning Committee, and the Primary Prevention Task Group (Institutional).

The office has established lines of communication-cooperation with various other agencies such as the Commission on Aging, Three Rivers Health Systems Agency, DHEC, DSS, and with the Health Care Association and various nursing homes. Other areas of involvement include planning for the Intermediate Care Facility within the Department of Mental Health; working with the Commission on Alcohol for the convention in November on Women and Alcohol; compilation of statistical data regarding admissions at Crafts-Farrow, regarding placement of Crafts-Farrow patients in nursing homes, and regarding recidivism characteristics at Crafts-Farrow; and planning and coordinating a specialized training package for nursing home personnel using expertise of personnel from SCDMH facilities.

We are also developing a variety of resource material pertaining to aging for use in training of personnel. As the Division grows, it is anticipated that it will be able to offer specialized information in the field of aging to various groups as requested.

S. C. STATE HOSPITAL

SUPERINTENDENT'S REPORT

The fiscal year 1977-78 was in many ways a year of success for the South Carolina State Hospital. The Adult Psychiatric and the Medical-Surgical programs were each surveyed by the Joint Commission on Accreditation of Hospitals and were granted full two year accreditation.

During the previous year these programs had not received the two year recognition and this attainment had been set as our top priority. Reaching this objective required the coordinated and dedicated effort of our total staff, professional and administrative. Much credit is due all departments for this achievement but we recognize that continued improvement must be our goal. We have promoted the philosophy that we can and will maintain excellence at all times in our facility.

The position of Director of Professional Services was filled during the year and very positive improvements have been made in the organization of our professional staff. The Director has participated effectively in hospital activities and has been particularly active in the continuing education program. A series of lectures have been recorded and are being used with success by the Department in a number of organizations.

The attainment of these goals was not without costs, however. Our admission rate continued to increase for the second year and the average daily census declined only a slight amount. This placed a strain on our budget which had been based on a large projected drop in work load. The result was a financial deficit which had to be offset by transfer from other facilities. This situation may repeat itself during the coming year unless our admission rate declines.

An additional challenge to our resources is the mandate from the legislature that only licensed nursing personnel may administer medications. This will require the recruitment of approximately 200 additional licensed personnel. We have intensified our recruitment program, but must double our efforts to achieve this goal at a time when there is competition among the area hospitals for personnel. Additional funds will be required to meet the increased staff cost but there will be some offsetting savings as we gradually reduce unlicensed personnel through attrition. Our physical plant continues to be sorely in need of replacements and renovations. We were unable to pursue our plan of closing portions of the Babcock Building due to the heavy admissions load and this will have to be delayed until conditions permit. The Thompson Building has been closed for renovation but progress is slow. The sprinkler addition to Byrnes Clinic is going through intensive review by a myriad of regulatory agencies and a starting date has not been established. To date, no progress has been made towards a new canteen although this has been approved by the Commission for two years. We have set as a priority objective the organization of all improvements to our physical plant so that completion schedules can be established and adhered to.

In summary, the South Carolina State Hospital has achieved objectives which were established in the prior year but continues to have very

compelling needs which require even more effort and dedication on the part of the staff.

UNIT I

Goals Accomplished:

Continuation of adequate functioning of team approach as in the past years.

Patient census did not drop significantly because of the amount of admissions, premature discharges by court order, and frequent readmissions of the same patients. According to our figures there were 1,095 patients admitted or readmitted to Unit I during the fiscal year, and there were 1,084 discharged from Unit I during the same period.

Nursing Service provided personnel to escort patients to the home community for examinations and court hearings; the number of escorts for trips during the fiscal year consisted of 1,048.

The Step-Up Program in Parker Annex has proved successful toward placing long-term institutionalized patients.

Recently an Aggression and Impulse Control Group was established. The group time extends over a period of three months for patients who are accepted into the group.

Activity Therapy personnel planned and provided recreational activities for patients of all wards. Four hundred and thirty-three (433) field trips were made to the community and surrounding areas to enhance resocialization and to prepare patients for reentry into the community. Activity Therapy field trips increased 165 over the previous fiscal year.

Vocational Rehabilitation Service provided services for 271 patients referred by Unit I Treatment Teams; 139 patients had a rehabilitation plan completed; 196 patients were referred or transferred to local community Vocational Rehabilitation Offices in the State; 235 patients were involved in some aspects of job placement; and 57 patients participated in Home Economics and Consumer Skills Program.

Social Work Service continued to assume the major responsibility in placing patients into the community.

In spite of Babcock Facilities the hospital received a two-year accreditation.

Goals for 1978-1979:

I. To eliminate Babcock Building as a facility for psychiatric patients which can be achieved by several approaches:

1. Transfer of York-Chester-Lancaster patients to the Unit which houses patients belonging to Region A.

2. Establishment of an intergeographical unit to house aggressive and combative patients, primarily those patients with homicidal tendencies.
 3. Create a ward of hyperactive patients, both female and male, of younger age group between the ages of 17 and 30.
 4. Continue efforts to discharge more chronic or institutionalized patients which have been stabilized into Nursing or Boarding Homes or to the families or any structured environment.
 5. Return the mentally retarded patients of this hospital to a Mental Retardation Facility.
 6. Enhance the cooperation between hospital and community in order to motivate the mental health centers toward more effective crisis intervention to curb or prevent readmission to the hospital.
 7. Educate the treatment team members to return the patients earlier to the community in order to (1) decrease the length of hospitalization, (2) prevent alienation from the family and community, and (3) prevent institutionalization.
 8. To rotate patients out into the community since from past experience over the years patients prefer rehospitalization during the fall and winter as well as in the spring and summer because of inexpensive leisure time activities which are provided by the hospital.
- II. Staff Unit with more psychiatrists and to fill the vacancy of Psychiatric Section Chief in order to decrease the work load of the Unit Director.
- III. Create adjacent extension of the Male Admitting Ward to provide patients with more space and to provide more ward activities for the patients who have recovered from their acute psychiatric episodes. The main rationale for adjacent admitting ward is to divide the overtly psychotic patients from the stabilized group. The purpose of such activities is to prepare patients for a possible return into the community due to discharge by the Probate Court or to enhance their functioning on an intermediate or open ward.

UNIT II

The catchment area of Unit II was increased by three counties of York, Lancaster, and Chester to conform to catchment area of Bryan Psychiatric Hospital. The high rate of prevalence of mental illness in those three counties required Unit II to adjust to an immediate increase in rate of admission.

The summarized review of accomplishment of goals and objectives by Unit II during the fiscal year of 1977-1978 is as follows:

- A. The previous treatment modalities were revised and upgraded in quality. New modalities were introduced in acute care programs on Ward 220 and Ward 120. Thanks to the enormous and talented work input by Programs Committee, all programs were completed by April 14, 1978. Then and now, performance of all programs is observed and checked by the same Programs Committee on regular schedule.
- B. Improved treatment modalities by all disciplines and at all levels enabled Unit II to accomplish a higher rate of discharge treated patients back into the community. A proportionally large number of patients were placed in nursing homes and in boarding homes as a result of increased performance of Social Services.
- C. Improved communication level and increased awareness of responsibility of accomplishment of goals and objectives were reached by regular meetings of all disciplines and by advisory committee's realistic approach in guidance. Liaison services revitalized and improved communication relating to the follow-up care of discharged patients between community mental health clinics and centers and Unit II concerned disciplines.
- D. Participation in Staff Development Program benefitted 251 members of the nursing department and 88 members of other disciplines. Eight members attended professional conventions and meetings out-of-state.
- E. The patients' physical environment was improved on all wards by reduction of beds on crowded wards to the level required by accreditation regulations. New showers and increased number of toilets with attention for patients' privacy was increased (Wards 120, 220, 218, 118). All wards in Unit II received air conditioning and "smoke eaters" of a high caliber were installed in order to accomplish clean air along with improved ventilation. All wards have been redecorated and approximately 80% of wards were repainted. Housekeeping Department's performance increased in providing the daily cleaning of all wards. Obsolete Thompson Building which housed 120 patients was evacuated and prepared for remodeling and renovation.
- F. The Dietary Department staff members are coordinating nutritional needs of the patients' care by attending treatment team meetings and by personal contact with individual patients.

Goals for Fiscal Year 1978-1979

1. Further improvement and revitalization of care and treatment modalities in order to reach main objective of increased discharge of patients back to their families, homes, and communities.
2. Improve patient/staff ratio.
3. Emphasize training inservice and active participation in Staff Development Workshops.
4. Continue high level of patients' care with constant observance for the patients' privileges, privacy, and human equal rights and opportunities.

UNIT III

Unit III continues to serve the counties of Charleston, Berkeley, Dorchester, Beaufort, Jasper, Colleton, Hampton and Allendale, working closely with Community Health Centers, and many other agencies, state and private, to insure all who are admitted receive quality treatment, individual consideration, and sustaining rehabilitative services.

During the year July, 1977 and June, 1978, an ever broadening spectrum of treatment services has included full participation by all disciplines in Unit III programs. The Memorandum of Agreement between the Charleston Area Mental Health Center and the South Carolina State Hospital was completed and all parties signed this agreement.

We have maintained a constantly improving physical and psychological environment involving all disciplines in Unit III programs. Patients continue to benefit from participation in the three Psychological Services programs, Social Work Service has been able to improve service with more follow-up contact, Activity Therapy has worked hard in working with the patients on many of their projects and trips, Vocational Rehabilitation has been able to work with the patients toward higher goals during this past fiscal year, and Chaplaincy has been able to better work with the patients through group meetings and individual therapy.

Inservice Education, Workshops and Training Programs have been attended by all employees of Unit III, i.e. Nursing, Activity Therapy, Social Work Service, Psychology, as well as Inservice Education for Physicians.

Nursing personnel have continued their cooperation, individually, and as members of the Unit team; meeting with patients on wards at least weekly and providing input on various committees. Staff have also participated in numerous activities on and off campus with patients,

while striving for better working relationships with all disciplines and endeavoring at all times to maintain nursing functions and identity.

Future Goals of Unit III

1. To work towards individual treatment plans involving family contact and family psychotherapy during weekends with psychologists and social workers, and to continue to expand individual treatment plans involving family contact with all disciplines involved in Treatment Team.
2. To improve staff knowledge and techniques in all disciplines through workshops and seminars and individual supervision; to increase staff where needed.
3. To continue striving to maintain the maximum level of progressive and competent treatment which enables individual development and adjustment with dignity.

We also appreciate all the hard work from our new employees within the Unit.

UNIT IV

A. *Establishing Treatment Programs*

1. Activity Therapy would like to develop their horticulture therapy program and to utilize the unit greenhouse to the fullest.
2. Social Workers would like to update all social histories and to get histories in the folders within ten days after admission.
3. Activity Therapy would like to establish a comprehensive occupational Therapy program and a comprehensive Music Therapy program.
4. Psychology would like to intensify its efforts to see that psychological evaluations on all Unit IV patients, particularly male service, are in the patients' folders.
5. Psychology wishes to stay current with the service demands of the unit.

B. *Establishing Relations with the Counties Which Serve Unit IV*

1. Social Service would like to improve effectiveness in working with families and patients.
2. Social Service would like to improve communications with clinics to prevent rehospitalization and initial hospitalization when possible.
3. Social Service would like to improve the quality of alternate care facilities through consultation and use of hospital resources and develop more effective methods of placing hard to place patients in the community.

- C. *Securing Places in the Community that the Patients Without Families Might Stay After Release from the Hospital*
 - 1. To improve the quality of alternate care facilities (as mentioned earlier).
 - 2. To develop more and better boarding home placements.
- D. *Establishing Training Programs for Unit IV Personnel*
 - 1. Social Service would like to concentrate on programs which are work oriented and related more to everyday job assignments.
 - 2. Chaplaincy would like to provide better chaplaincy services through the use of a newly prepared religious data information sheet.
- E. *Reduction of Census in the Unit*
 - 1 To continue to try and place more chronic patients outside of the hospital.
- F. *Improvement of Environment for Patients*
 - 1. Activity Therapy would like to develop a self-maintained Activities in Daily Living Program, including a freezer for garden produce.
 - 2. Activity Therapy would like to see a pit for pitching horseshoes in the unit.
 - 3. Activity Therapy would like to use horticulture groups to landscape and beautify the Unit IV building areas for a better and more pleasant environment.
 - 4. Activity Therapy would like to develop the courtyard areas within the Unit IV buildings.
 - 5. Activity Therapy would like to complete development of fenced-in areas for patient use.
 - 6. Provide fitted sheets to make beds more neatly.
 - 7. Have paved ramps from buildings to laundry area.
 - 8. To develop the paved walkways between the buildings.
 - 9. To have paved parking areas and beautification of visitors entrance to Ward 180.
- G. *Establishing More Effective Harmony Between the Various Disciplines*
 - 1. The goal of all unit disciplines should be to work in a closer relationship with each other for better harmony and understanding in order to facilitate better and more effective patient care.
- H. *Improvement and Establishment of Office Space and Environment for Personnel*
 - 1. Activity Therapy would like to establish a recreational therapy meeting space for referral groups.

2. Activity Therapy would like to have an office for each recreational therapist on the wards.
- I. *New Positions Required for More Effective Treatment of Patients*
 1. Activity Therapy would like to acquire an Activities in Daily Living Specialist (this would be a R.T. I, or II, position, or an O.T. I, or II, position).
 2. More nursing personnel are needed.
 3. Psychology needs more psychologists so that the present staff is not so overextended.

CHILDREN'S UNIT

Contrary to the major staffing changes in fiscal year 1976-1977, fiscal year 1977-1978 has been a year of relatively few staff changes, but a year of focus on inter-agency communication, staff development, and more direct services for children of South Carolina.

On March 10, 1978, the Child-Adolescent Unit held an Open House for child care workers across the state. One hundred thirty-eight individuals representing numerous agencies attended. In addition to providing a chance to educate child care professionals about the Child-Adolescent Unit, the Open House gave workers across the state a chance to meet each other as well as to share information and knowledge about children and adolescents in the state.

The South Carolina Department of Mental Health Youth Services Council met at the Child-Adolescent Unit and discussed issues dealing with the mission of the unit as well as with means for refining communications. One outgrowth of that discussion was a series of meetings held with the Columbia Area Mental Health Center to set up an interface policy to serve as a model for other community mental health centers.

Meetings are in progress with representatives of the Department of Mental Retardation to discuss how to best help those children who are mentally retarded and emotionally handicapped. Focus has been on children who require institutionalization.

Workshops on child abuse, managing aggressive behavior, dealing with black residents, manual communication for the deaf, and use of overcorrection techniques have been an integral part in assisting treatment.

The goal of reducing hospitalization has been effective. Over 50% of the admissions are hospitalized less than 30 days. No resident has been in the unit over six months. 3.4% of the admissions are hospitalized over 4 months. With the few beds we have available and with our duty to serve the entire state, short hospitalizations are a necessity and not just a contemporary treatment philosophy. Accordingly, the number of ad-

missions has increased. In fiscal year 1976-1977, admissions totaled 178. From July 1977 to July 1978, admissions totaled 199.

On a unit-wide basis, efforts have been made to improve communication to make our treatment more standardized and responsive. Interdisciplinary team meetings have been held with the leaders of the disciplines in order to assist with decision-making and to help disseminate decisions made. Treatment Team is now held twice weekly in the afternoons to improve communications with the P.M. nursing staff.

Refinement in our provision of services was accomplished in many areas. A young boys' group therapy was begun with positive results. Additionally, an exercise group for girls was initiated twice weekly. Also, a fully accredited summer school program was held. The inclusion of a pre-discharge family conference has assisted in assuring more complete dissemination of treatment and follow-up information to families.

A new treatment plan has been utilized for approximately one year now and has been a tool for more complete planning for the child than previously. A new activity therapy treatment plan has been instituted.

The behavioral dictionary, a set of usual maladaptive behaviors and consequences, has been revised to include frequently occurring behaviors that were not in the old dictionary. Also, consequences were revised to fall in line with new hospital regulations.

Changes in the physical plant have also improved the atmosphere of the unit. Playground equipment is now available to the children. Play Therapy equipment is also available. Pictures chosen by Blanding staff and children have provided a more child-oriented atmosphere. Alterations to seclusion rooms have proven useful in making seclusion more effective. Swimming facilities are available at scheduled times at another South Carolina Department of Mental Health facility, Bryan Hospital.

BYRNES CLINICAL CENTER

The past fiscal year has been quite active in the Medical-Surgical Service. We are very grateful and appreciative for the good job that has been done by the Medical-Surgical personnel and of other ancillary services that have been a vast assistance in taking care of our patients, taking care of our equipment, our building needs, our supplies and all other needs that are necessary from the day-to-day operation in the Medical-Surgical Service, Byrnes Clinical Center.

We are also very grateful and appreciative in regards to the JCAH Survey in March of this year and was very gratifying and rewarding to each and everyone of us in being notified that we had received full accreditation by JCAH for two years.

The X-Ray Department has not changed to any great extent; however, there have been some changes in personnel. At least temporary replacement of X-Ray Technicians-Technologist, and performance and production seems to be even better and with increase from year to year. In view of their numerous problems with the X-Ray machines, Dr. Adams has recommended that we incorporate the two Profexray machines and purchase or lease one new machine. That is for better X-Ray equipment, and hopes of much fewer breakdowns-interruptions of X-Ray Services in the future.

The Pharmacy has had some changes in personnel and an apparent increase in prescriptions filled during the year. Also, the Pharmacy fills the medicine carts that have been supplied for ward service to patients for the past year. The Pharmacy covers service to all departments by their personnel 24 hours a day. Along with the medicine carts, new order forms and new medication administration records have also been received and are used.

Our Emergency Room has been moved from second floor, Ward 228, to first floor with an individual emergency room with a common seating space between the emergency room and the Employees Clinic. It does not appear to be 100% satisfactory, especially regarding phone service; however, it has removed a lot of noise and disruption of services on second floor surgery, Byrnes Clinical Center.

In our Operating Room-Surgery Department, Anesthesiologists of Columbia have discontinued their services during the past year with Byrnes Clinic. Our Anesthesiology Service is now done by a regular full-time employee as nurse-anesthetist.

In regards to the Pathology-Laboratory Services there is a general increase in procedures year after year. We feel that our laboratory reveals constant excellent performance and excellent production. We have had some new automatic equipment installed and we hope to get more in order to increase production and with improved quality results.

An Infection Control Coordinator has been appointed. As a result of her efforts, we are seeing some very positive things happening in regards to handling patients and employees with infections, preventive measures, updating procedures and so forth; also, antibiotic use evaluations.

An M.D has been assigned to Ward 528 along with being responsible for Diabetic Clinic, Dermatology Clinic, Medical Clinic and with rotation duty in the Emergency Room. An Ophthalmologist has been with us two mornings each week during the year of 1978, so far.

A Podiatrist was employed the past year and is here one full day each week, performing diagnoses, therapy and treatment of patients in regards to Podiatric needs.

The Orthopedic Service that for quite some time has been done by residents of Richland Memorial Hospital is no longer handled in such a manner. A person has been appointed the Chief of Orthopedic Service, and handles this service medically and surgically and we feel that our orthopedic care has improved since this time tremendously.

OB-GYN Clinic has been held once a week. Physician residents from Richland Memorial Hospital handle this service. OB patients are sent to Richland Memorial Hospital for delivery. All GYN surgery other than very technical surgical procedures are to be done at Byrnes Clinical Center by Richland Memorial Hospital GYN Residential Staff.

A Physical Therapist has been employed on a part-time consultant basis in serving our patients in relation to their physical therapy needs. We are proud to have her and feel that she has done a very good job.

Our EEG Technician for years, retired during the first part of 1978. We have not had an EEG Technician since this time but expect to renew our EEG Paramedical Service in the near future with refurbishing in the EEG room and with employment of a full-time EEG Technician. Our interim EEG needs have been fulfilled at Baptist Hospital.

Another fine addition to Medical-Surgical Service during the past year is a Social Service Worker, who has been assigned to Byrnes Clinical Center on a full-time basis.

It appears that the advantage will be ours in regards to completion of requirements and needs of Wards 428 and 528 so that these wards will soon become a Certified Intermediate Care Unit.

I feel that our personnel have done quite well in regards to patient care during the past year, especially with the continuing shortage in the nursing service category. However, during the following year we hope to improve our performances in all patient services and needs.

VOLUNTEER SERVICES

Mental Health Volunteers supported hospital-wide programs and rendered meaningful services to patients in both Geographical and Specialized Treatment Services Units.

An average of 35 groups consisting of approximately 205 volunteers provided about 327 service hours monthly. During the fiscal year, 2,460 group volunteers in a total of 417 groups provided 3,924 personal service hours by providing socialization and recreation among the patients. All ward visits included a program of entertainment and refreshments. Group volunteers recognized birthdays and sent cards on other special occasions to patients on the group's adoptive ward.

Throughout the year, 79 individual volunteers provided 983½ service hours. These volunteers worked with patients on a one-to-one relation-

ship in an assignment in keeping with treatment goals and policies of the hospital.

868 donations during the year supplemented the hospital's budget and provided personal and toilet type articles of cosmetics, costume jewelry, clothing, games, toys, cigarettes, books, magazines, etc.; larger items of record players, coffee urns, hair dryers, etc., and \$1,505.81 in cash. The personal and toilet articles were utilized in Behavior Modification Programs, on Good Grooming and Personal Hygiene Classes, and as Bingo prizes. Larger gifts were assigned as ward gifts and the money provided cash allowances for patients on trips into the community for personal shopping and entertainment. Distribution of all volunteer services and gifts was made to the Units and Specialized Treatment Services, with consideration being given to the geographical area or the interest of the group making the donation.

"Operation Santa Claus" and "Spring Showers" projects were the largest gift programs. During the month of December alone, 10,413 individual gifts and 12 ward gifts, along with much candy, cookies, books, games, etc. were received. The 35 active Chapters of the Mental Health Association in South Carolina and the Columbia Metro Baptist Association were the largest supporting groups. Services and gifts of many other church, civic, school and garden club groups and numerous individuals enhanced the Volunteer program. Interest continued in the "Adopt-A-Ward" and "Friendly Visitor" programs, as both afforded an opportunity for more personal involvement and service.

Immediate goals of the department include the recruitment and utilization of more white male volunteers and black volunteers, both male and female. Efforts will be made to strengthen the already existing programs. Long range goals hopefully will put a Coordinator of Volunteers in each of the units to work closely, not only with unit staff, but with staff of the clinics and centers with volunteers in the respective geographical areas of the state, in all matters pertaining to the delivery of volunteer services to patients.

Hospital staff and volunteers throughout South Carolina are to be commended for cooperating throughout the year to provide more adequate and personalized services in the care and treatment of hospitalized mentally ill patients.

VOCATIONAL REHABILITATION SERVICE

During the 1977-1978 fiscal year the unit treatment teams referred approximately 615 patients for Vocational Rehabilitation Services. Of this number, 344 were females and 271 were males. 312 had a Written Individualized Rehabilitation Plan developed which outlined the

specific goals and services offered by the Vocational Rehabilitation Service. 175 patients completed the Psychometric Testing and Vocational Evaluation program while 156 females participated in the Homemaking and Consumer Skills service. The Home Economist made 430 follow-up home visits to those females who had been involved in the Home Economics Classroom instruction. 579 patients were placed on a hospital job assignment in order to further evaluate their work skills. Approximately 61 patients were placed directly into employment within the Columbia community. 375 patients who received Vocational Rehabilitation Services in the hospital were referred to the Vocational Rehabilitation office in their home community for continuation of their rehabilitation.

ACTIVITY THERAPY SERVICES

The goal of the Activity Therapy Services is the rehabilitation of the patient with the emphasis on socialization, remotivation and productive use of time through the constructive and appropriate use of activities. The activities are designed to assist the patient in learning to participate in interpersonal relationships, in a healthy and socially acceptable manner; to teach the patient appropriate ways of expressing his emotions and thoughts; and to teach him skills and habits that can be transferred to the community.

Each discipline within the Activity Therapy Services Department attempts to reach this goal by utilizing their individual skills, expertise, and the various media within each persuasion.

1. *Barber and Beauticians*: Through the use of cosmetology, the patients are instructed in personal hygiene and appearance, thus attempting to increase self-esteem.
2. *Bibliotherapy*: Through the use of books, magazines, film strips, and related materials, the patients are encouraged to stay abreast of the current events and increase their knowledge in the subjects of their choice.
3. *Central Programming*: Through the use of voluntary activities that allows the patients to participate in the activities of their choice, Central Programming attempts to create a relaxed atmosphere that resembles community type activities.
4. *Music Therapy*: Through the use of music, both live and recorded, the patients can participate, listen, interact, and learn from others in a constructive and safe environment, in order to increase awareness of self and others.
5. *Occupational Therapy*: Through the use of everyday activities the patient can increase the awareness of, and practice the use of, skills related to community life.

6. *Recreation Therapy*: The use of recreation type activities both in a large group setting and on an individual basis can facilitate healthy interaction and the learning and use of appropriate coping skills.

DEPARTMENT OF ADMINISTRATIVE SERVICES

The mission of this department is the integrated support of patient care through the creation of a safe, pleasant, and therapeutic physical environment. The various branches performed very successfully toward meeting this objective during fiscal year 1977-78. Each branch played a vital role in the accreditation of the hospital and special commendation is due all personnel.

Particularly effective has been the close cooperation between the support personnel and treatment personnel. The importance of establishing a therapeutic environment has been appreciated and progress has been made through cooperative effort. It is our objective to further develop this therapeutic attitude through increased inservice education. Material is now under development which should be effective for this purpose.

All goals for fiscal year 1977-78 have not been met and will have high priority for the coming year. The participatory budget process was not implemented although progress was made toward more communication and planning. Staffing plans have been developed for some services but are not complete for the hospital. Environmental conditions have improved but lack of resources prevent us from reaching our objectives in this area.

As with other programs at the South Carolina State Hospital, the support services have made progress but much remains to be accomplished.

FIRE AND SAFETY

Nine (9) fires occurred during the fiscal year. Estimated damage of these fires was \$16.80 to \$376.80 with a total damage of \$932.52.

Two hundred fifty-four (254) new aides attended the nineteen (19) classes which were held at Inservice Training on Emergency Evacuation; also, films pertaining to Emergency Evacuation due to fires were viewed. How to use the fire extinguishers and the type extinguisher to use of different classes of fires was discussed. The film and demonstrations were presented by instructors from the Columbia Fire Department, and the South Carolina State Hospital Safety Coordinator.

Automatic sprinkler bells were tested each month and those found not to be in good working order were reported to Engineering for repair.

The sprinkler systems were also flushed at the test valves every three months.

Practice fire drills were held on each ward during the morning and afternoon shift every three months for a total of three hundred fifty-eight (358) drills. A discussion with the night employees on procedures to be followed by all personnel discovering a fire was also held on each ward every three months totaling one hundred and seventy-six (176) discussions. All practice drills and discussions came to a total of five hundred and thirty-four (534). All areas were inspected at least monthly for fire and safety hazards.

All of the standpipes and fire hydrants were flushed every three months. The carbon dioxide fire extinguishers were weighed twice during the year (August, 1977, and February, 1978). All fire extinguishers (carbon dioxide, dry chemical, and water pressurized) were checked on each monthly inspection.

REGISTRAR DIVISION

Admissions and Dispositions Branch

Implementation of the new Admission and Disposition Laws effective July 1, 1977, had little effect on the work load in the Admissions and Dispositions Branch.

The total number of admissions during the fiscal year was 3,780 (an increase of 660 over last fiscal year). Of this number, 532 were voluntary admissions, 2,488 were emergency admissions, 38 were judicial admissions, 661 were committed by the criminal court and 61 were classified as other admissions. Escorting patients to the various counties for examinations and hearings required 2,144 trips. Number of trips has been reduced by combining trips and Judges of Probates' assistance in combining examinations and hearings.

During the past fiscal year the admissions and dispositions office has served 10,000 sets of legal documents.

Medical Records Branch

The microfilm program implemented last fiscal year is now becoming current with the records being filmed through 1971. A new microfilm reader-printer was purchased along with two rotating carousels for film storage.

During the fiscal year, the hospital staffed 6,051 patients while discharging only 1,966 of these patients, or 32.5% of those patients staffed were discharged.

During the past fiscal year, the Medical Records Department in Byrnes Clinical Center has experienced some changes in overall man-

agement. One of these was to change the delegation status of the facility under the Professional Standards Review Organization (PSRO). Presently Byrnes Clinical Center is on full delegation status, but steps have been taken to change this to nondelegation status. This will consist of PSRO accepting full responsibility for the performance of review process and Medical Care Evaluation Studies being done in Byrnes Clinical Center as well as the financial responsibility. PSRO will utilize the same personnel in Byrnes Clinical Center to perform the review process but will assume all responsibility for this, and PSRO will furnish personnel to carry out the Medical Care Evaluation Studies with clerical assistance by our staff.

As of January 1, 1978, all Byrnes Clinical Center charts will remain in this facility instead of being sent to the Records Department of the patient's facility. A copy of the Byrnes Clinical Center Final Summary is forwarded at the time of transfer to the Records Department of the patient's facility.

One new requirement is that the Medical Records Department is now notifying the families of every admission and discharge to the facility.

Transcription Branch

The Transcription Branch has the responsibility of transcribing medical reports of Physicians, Psychiatrists, Court Social Workers and Psychologists. During the past year the Transcription Branch has been using a new central dictating system, the Lanier Nexus 2000. This system is an endless loop, continuous flow dictation system. The system is designed to help process and control correspondence, without time-consuming record keeping. The Nexus system is self-managing which means incoming dictation is directed by computerized distribution to maintain balanced work loads on each central recorder. The Nexus system consists of nine (9) recorders, which provide fifty-four (54) hours of uninterrupted dictation. The recorders are available from any telephone on the hospital campus, plus there are six (6) direct-wired telephones available in the doctors' dictating booths in the Williams Building. Since the installation of the Nexus system the Transcription Branch has been able to stay more current with the dictation than in the past.

In order to facilitate dictation an intercom system was installed into the central recording system in May, 1978. The intercom allows the dictator to make contact with the supervisor in Transcription at the time he or she is dictating.

Court Section

The fiscal year, July 1, 1977 to June 30, 1978, showed six hundred seventy-five (675) admissions to the Court Psychiatry Service Unit.

Ward 297, which is located at the Central Correctional Institution, housed five hundred forty-five (545) of these patients. One hundred thirty (130) were admitted to the Court Unit wards located on the hospital campus, with sixty-seven (67) of these patients being females.

For the fiscal year, a total of three hundred sixty-nine (369) sets of legal papers were received and served.

In accordance with the Code of Laws of South Carolina, voluntary admissions have the right to request their discharge. For the fiscal year, a total of thirty-one (31) patients requested their discharge with thirteen (13) being granted discharges, thirteen (13) withdrew the request, and five (5) requests were denied.

In accordance with the Code of Laws of South Carolina, any involuntary admission has the right to petition the Probate Court for reexamination. For the fiscal year there were thirty-eight (38) patients who petitioned the Probate Court.

SUPPLY AND SERVICE DIVISION

During the past year a tremendous work load was placed on the Hospital Supply Branch in continuing to upgrade all areas of operations. The continued success in refurbishing, renovating, and preparing of equipment by the Hospital Supply Branch personnel for reissuance, has enabled the hospital to effect a savings both in time and money. Most all areas of the hospital were completely refurbished during the year.

The expendable warehouse area within the Hospital Supply Branch has improved its operations through the appointment of a Storekeeper II to control all of its immediate functions.

During the year, a total of 2,114,563 pounds of soiled linen and clothing were laundered. Of this total 1,287,240 pounds were laundered on the hospital campus which constituted 61% of the total laundry requirements. This is an increase of 4% over last years' output. In the last four months we have laundered 68% of our total requirements.

The upgrading of patients wearing apparel was continued from previous year.

The Manufacturing Unit manufactured 600 pairs of curtains and drapes and many new curtain rods and curtains were installed in areas that previously had none, continuing the beautification program of the hospital

Total gross sales by the Canteen, including store operations and vending, for the year was \$383,733.67, an increase of \$28,375.26 or 7.87% in comparison with last year. Store gross sales were \$165,925.25, up \$7,375.94 or 4.65%, and vending gross sales were \$217,808.42, up \$20,999.32 or 10.7% from the past year. Profits in both operations

amounted to \$35,603.52, up \$1,971.55 or 5.86%. The above increases are due primarily to inflation; however, there is some modest growth in store business.

FOOD SERVICE

The Food Service Division endeavors to prepare and serve wholesome, attractive foods to patients and employees. The division is composed of a qualified Food Service Director, three Registered Dietitians, qualified Food Supervisors, and supportive personnel. The staff includes three Clinical Dietitians also.

The Recommended Daily Dietary Allowances (RDA) compiled by the Food and Nutrition Board, National Research Council-National Academy of Sciences, is the standard used to evaluate the nutritional adequacy of the meals served.

Notable improvements in the area of staffing during the year included the registration of an employee by the American Dietetic Association, thus increasing the staff of Registered Dietitians to three in number.

Notable physical improvements included the following:

1. Completion of new meat room facility.
2. New tray service to Babcock and all other dining rooms for special diets.
3. Calorie count of foods served is being put on printed menus.
4. Revision of Diet Manual has been started.
5. Unit II was provided a carry-in tray service to Trezevant.

Regular meetings continue to be held to discuss menus. This committee is headed by the Food Service Director and its membership is composed of representatives from Purchasing Division and all facilities serviced by the Food Service Division.

ENGINEERING DIVISION

The Engineering Division with a staff of 125 personnel is charged with the responsibility of maintaining all hospital property and of insuring that the patients are housed and generally provided with a safe and comfortable environment. The Division, particularly the Construction, Utilities, and Groundskeeping Sections, concentrated primarily on completing projects that ultimately aided in South Carolina State Hospital's Psychiatric Unit and Byrnes Clinical Center becoming accredited by JCAH. This work included completion of partitions being installed to provide privacy in bedroom and bathroom areas. It also included completion of Nurses Stations that would provide a more responsive arrangement of patients' needs. In addition, many items relating to fire safety were remedied. General improvements including painting, glaz-

ing, and grounds upkeep were accomplished to provide an improved environment for the patients.

The Utilities and Construction Section also aided sister facilities by installing a laboratory at William S. Hall Psychiatric Institute and a new office at the Department of Administrative Services Office Building.

The Transportation Section continues to provide maintenance services, vehicles and vehicle operators for the massive number of trips (1,683) that were taken during the fiscal year 1977-78.

HOUSEKEEPING DIVISION

This year, 1977-1978, the Housekeeping Department has been very fortunate in maintaining its employees. We have experienced only a moderate turnover in personnel.

During the year all of our broken equipment was repaired, our worn-out and out-of-date equipment was turned in for salvage. In 1977, the Housekeeping Department bought four new 20-inch floor machines and two new wet pick up vacuum cleaners, which has aided the effectiveness of our work greatly. We also received 6 message mates to provide better communication for the Housekeeping Department; however, we still need 4 additional units. Due to the vast number of calls that have to be made through the Housekeeping Department, we need a receiving and transmitting unit installed in our office in order to meet the increasing need for better and faster service throughout the area.

For the past two years much of the work now done by Housekeeping was previously performed by Engineering, such as washing venetian blinds, cleaning all windows as well as washing walls. The hanging and removal of drapes was previously the responsibility of the Laundry. Within the past two years all of these services have shifted and now rest in the hands of the Housekeeping Department.

The Medical-Surgical Unit and the Wilson Building have been added to the Housekeeping cleaning schedule. The two buildings have a total of 71,152 square feet. This brings our total square footage to 712,487.

The South Carolina State Hospital, Housekeeping Division's point system went into effect January 1, 1978. If an employee is absent or tardy without permission, he or she will be charged points for such offense. Since the implementation of the point system, it has reduced our tardiness and absenteeism considerably within the past few months.

Presently the Housekeeping Department is preparing a long-range planned program which will consume a lot of effort and time putting together. The main purpose of this program is to change the attitude and behavior of those that have a negative concept about the work they are doing, as well as those that are doing things the incorrect way. We are

expecting to use videotapes and films in order to show the employee how the work is actually performed.

In the past no one has ever written or prepared a training program for the Housekeeping Department. This is now one of the demands of the Joint Commission on Accreditation of Hospitals. Each Housekeeping Department must have a program to train and retrain their employees in the use of supplies and equipment in order to keep the hospital safe and sanitized.

SECURITY DIVISION

The Security Division enjoyed a good fiscal year after successfully reorganizing the Division. The overall work load continues to increase. There was a noted decrease in larcenies, reported patient abuse, and contraband violations.

The Investigation Section investigated 724 incidents, recovering a total of \$1,991.64. Eight arrests were made for contraband violations, three arrests for patient abuse, one arrest for attempted murder. Four Federal arrests were served on campus. The Investigation Section consists of two Investigators.

The Patrol Division which consists of 17 officers handled 11,630 routine calls, totaling 3,544¼ hours.

The entire Division participated in an eight-hour block of instruction on the use of hand guns, arrest procedures, search and seizure, and eight hours of instruction on SLED weapon range. All officers qualified with the service revolver.

The following goals have been set with hopes that they may be attained in the next fiscal year:

1. A new training program for all new recruits.
2. Quarterly training sessions for all officers with professional guest speaker to keep abreast of changes in law enforcement.
3. Participating in the Educational Television Law Enforcement Monthly Training Program.
4. Purchase of additional communication equipment.

CRAFTS-FARROW STATE HOSPITAL

OFFICE OF THE SUPERINTENDENT

During the first six months of the year, our census fell to a low of around 1,600 but since January 1978 has gradually risen again to 1,648 by the end of June. This trend will likely continue to some extent since the patients we are currently admitting are older and in very poor physical condition. Crowding continues to be a major problem for our

patients becoming even more acute with the gradual increase in our census. Two things that could have a favorable impact on this is (1) the establishment of a court screening process that will screen patients in their home communities before they are referred to Crafts-Farrow for admission and (2) monies, hopefully, are to be released to start preliminary plans for a 300 bed facility to care for intermediate type patients from Crafts-Farrow's population.

During the latter part of the year a new Superintendent and a Chief of Professional Services joined the staff at Crafts-Farrow State Hospital. With the addition of these two administrative and clinical leaders, plans have been set in motion to make Crafts-Farrow a gero-psychiatric treatment center. Included in these plans are plans for building some new buildings as well as plans for a physical medicine department, headed by a psychiatrist, and plans for a continuing education department to provide continuing education opportunities for the various disciplines and staff members.

A closer working relationship with the various mental health centers over the State is to be sought, thus improving the total care offered our patients and, hopefully, resulting in a greater turnover of patients with more of them returned to their home communities.

An increasing census demands greater numbers of personnel to provide appropriate care. When the recipients of that care are very elderly and feeble physically, the need for more personnel is more acute. If this can be provided, plus the new buildings needed to house these patients, then Crafts-Farrow can indeed be a gero-psychiatric treatment center and provide the services our patients need.

MEDICAL AUDIT DIVISION

The Medical Audit Section has undergone major changes in the year 1977-78, with the discontinuance of Professional Standards Review activities on July 1, 1977, and the initiation of a program brought about by multiple accountability requirements from the Department of Health, Education and Welfare and the Department of Social Services. This program requires that Medicaid recipients' records be individually reviewed by the Utilization Review Committee each quarter and a written report verifying the necessity for continued stay be submitted monthly to the Department of Social Services on one-third of these patients.

In addition to this, the Medical Audit Section, with a staff of three, continues to monitor all new admissions through a process of concurrent review. All records are checked within twenty-four hours for justification for admission according to established criteria. A length of stay, in

accordance with regional norms, is assigned, and follow-up reviews are done to assure documentation for necessity for continued stay, plan of treatment, discharge planning, and quality of care.

Retrospective review is done in compliance with requirements in the form of Medical Care Evaluation Studies. At present, we are required to complete four studies per year (a total of 50-100 records reviewed per study) with one in progress at all times. Results of studies identify problem areas which are presented to the Medical Audit and Peer Review Committee for action and follow-up. General findings and specific recommendations are reported to the Executive Committee Chairman, Chief of the Medical Staff, Administrator, Department Chairman, Nursing Service Director, and the Governing Body. It is planned this year that, in addition to Medical Care Studies, we will be involved with multi-disciplinary audits.

Various other projects are requiring an increasing amount of time from the Medical Audit Section, including retrieval of statistical data by request from concerned agencies around the State, annual audits of all in-patient records, and special audits upon request.

PERSONNEL SERVICES AND EMPLOYEE RELATIONS

This office continued to provide general counseling for employees with problems and to assist in the interpretation of policy. It also performed routine personnel functions, including assistance in applying for membership in State or Departmental organizations and for changes in benefit plans; general orientation of new employees; retirement processing; and handling of employee grievances. The various fund drives and the blood drives were coordinated by this office, as was the process for the selection of the Outstanding Employee. Training reports necessary in monitoring the Affirmative Action Plan were compiled and submitted to the Department. The Personnel Office continued to publish the facility newsletter and to submit information for publication in The Report. We also continued to coordinate the English-Second-Language classes for foreign-born employees and to plan various employee functions such as retirement parties.

Employee complaints involved disagreements with supervisors' decisions and with policies and regulations concerning attendance, leave, promotions, and holidays. Complaints were also registered by employees who were terminated due to inability to pass basic inservice courses or to adhere to work schedules. It is felt that closer screening of new employees, including reference checks, might help reduce this problem.

VOLUNTEER SERVICES

The Volunteer Center continued to play an important part in bringing volunteers and patients together for various activities and special occasions, both on and off hospital grounds. With completion of a large multi-purpose room, use of the Center was extended to volunteer and staff orientation classes, workshops, staff meetings, educational classes, tour groups, and social occasions. The kitchen area provided a homelike atmosphere for patients, volunteers, and staff to cook, eat, and serve. Numerous events such as parties, games, classes, and group sessions took place in the living area. Utilization of the Volunteer Services Clothing Shop increased as patients were encouraged to wear personal clothing.

Volunteers, including three new bus drivers, took patients on approximately 100 trips into the community. Additional volunteers were a pianist for the Music Club and two Library helpers; also, three new groups from community churches began services on a regular basis.

Mental Health Associations from throughout the state continued support of the Volunteer Program, contributing service, gifts, and money to meet patients' needs, and to remind the hospitalized patients that they are not forgotten.

Fifty-three coffee urns, four new pianos, grooming supplies, bingo prizes, birthday gifts, decorative items for ward beautification, and plants were purchased with volunteer contributions.

A workshop for education of the public and recruitment of volunteers was held in March. Recognition of volunteers during Mental Health Month included presentation of certificates at a Volunteer Recognition Luncheon, personal "thank-you" letters, and, a drop-in honoring volunteers.

ADMISSION-EXIT SERVICE

The Admission-Exit Service has continued its primary function of evaluating, diagnosing and treating newly admitted patients and arranging for post-hospitalization aftercare treatment. During the past fiscal year 1,650 patients have been treated in the Admission-Exit Program. There has been a continued refinement of the three-level treatment system based upon the individual needs of the patient. The physician coverage has been increased to the current eight full-time physicians in the Admission-Exit Program.

ADMISSIONS PROGRAM — BUILDING NO. 1

Building 1 receives all admissions to the hospital. The Admissions Program is shaped and aimed to the needs of those newly admitted

patients, and within its functions, are included consultations, investigation assessment, diagnosis, treatment and placement. To accomplish these tasks, the program has been staffed with eight full-time physicians, five of them trained psychiatrists, eight social workers working directly with the medical staff (one social worker with one doctor) registered nurses, licensed practical nurses, and other nursing personnel. Besides this, all other disciplines have assigned personnel to the program.

970 patients were admitted during the fiscal year 1977-78. Of this number, 334 were directly discharged from the Admissions Building and 636 were transferred to Resident Care for additional treatment.

The Federal Grant awarded to the Admissions Program in 1977 ended in September, 1977. The Geropsychiatric Specialty Team has been providing service for the program since that time.

The program had been working on a three-level system that, by the end of the fiscal year, was changed to two levels. This change was made due to the need for space for more patients that were functioning at levels I or II. Level III was the category for patients that were ready to return to the community.

At present, the Admissions Program is working with two levels of patients. Level I includes patients with marked organicity and in need of help mentally as well as physically. Level II patients can take care of most of their daily needs and are almost ready to be discharged.

An In-Service Training Program is in the process of being initiated and it is hoped it will meet the need for continuing education in the field of Gerontology.

OPERATION EXIT PROGRAM — BUILDING 6

The Operation Exit Program is primarily designed to enhance each resident's potential for leaving the hospital situation and to insure a satisfactory community adjustment, whether this be alternate care placement or a return to the family situation. Assistance from family members and community resources is enlisted in this endeavor whenever feasible.

Various group and individualized activities are made available that will be of assistance in enabling the individual to meet the demands of community life. Activities available to all patients include: grooming class, concentrating on specific hygiene problems, basic skills, and etiquette; community trips such as shopping, dining out, and tours; group therapy sessions; arts and crafts classes; recreational activities on and off the hospital campus; music therapy; Bibliotherapy; letter writing sessions; exercise and devotional services; current events. More individualized group activities include: nutrition classes for the diabetic,

obese or hypertensive patients; reality therapy for the more confused patient; individual psychological sessions; self medication for those patients preparing for discharge; A.A. groups for alcoholics; adult education classes; home care skills; the COIL Adult Development Program.

Weekly community meetings are conducted by the residents in which new residents are introduced, suggestions are made to staff regarding program policy, and other general business is discussed.

The Problem Oriented Record System, initiated as a pilot project in 1974, remains a vital and beneficial aspect of the Operation Exit Program. It provides for structure, total staff or interdisciplinary input, and a basis for our individualized treatment endeavors. Hopefully the Problem Oriented Record Keeping System or POR will become an integral part of the entire hospital system.

HOSPITAL IMPROVEMENT PROGRAM 1, BUILDING 7

Phase one of this Exit Program started in July, 1965 and ended in June, 1971, when the grant under HEW expired. Phase two began in July, 1971 and has lasted up to this time.

There have been many changes adopted in the program since its inception, but the primary goals remain the same. They are the preparation, remotivation, and resocialization of the patient. The ultimate goal is his eventual return to the community, either home or to an alternate care facility, such as an apartment, boarding home or nursing home. There is a wide diversification of patients from the long term chronic to the newly admitted acute case, but treatment is individualized and eclectic to suit best one particular patient.

The program is basically founded on a treatment team concept, wherein a multi-disciplinary staff pool their resources together to help the patient work around his problems. This is done mainly through a group system that was revised around the start of 1978. Depending on his individual needs, the patient is classified under one of four groups, from the lowest to the highest. The "O" or Orientation Group is for reality orientation and is considered the lowest group; the "A" or Activation Group is for the oriented patient who does not want to participate or do anything; the "C" or Communication Group is for communication and socialization of a patient who is already participating; and the "M" or Motivation Group is for the patient who has learned all of the above, but is still in need of re-motivation in preparation for outside living. Group separation cannot be achieved on a pure basis so that there is always an overlapping. Group review by the staff has to be done periodically in order to move a patient up or down the steps depending upon his

progression or regression. A patient can be placed in more than one group if he needs to be.

All the groups teach the basic skills of daily living, including self-grooming and personal hygiene, dining and dieting, medication management, shopping, money management, work, recreation, arts and crafts and music. Each group is headed by two permanent staff co-leaders and meets twice a week. The regular staff holds a bi-monthly HIP Staff Meeting to discuss administrative issues and patient problems. The entire treatment team meets every week to present each patient in patient conference for a thorough discussion of his problems, goals and formulation of an individual treatment plan by every discipline. There is a mass meeting in Patient Government every two weeks. A community meeting, called the Joint Patient-Staff Conference, is held once a month to improve inter-relationships between patients and staff.

Within the period of July 1, 1977 to June 30, 1978, there were 39 admissions, 20 discharges and 15 transfers out of the program. The present census is 56.

Most of the patients have been institutionalized for years; both patient and family require careful intensive preparation in order to move the patient out. Interaction with the family is emphasized because the family unit is given priority and is considered the normal route of the patient back to the community, if at all possible. Follow-up care in the nearest mental health center for continuity of treatment of both mental and physical illness is important to prevent a recurrence of symptomatology and any more future hospitalization. As a result, readmission to the hospital is less than 1%.

RESIDENT CARE SERVICE DIVISION

The Resident Care Service comprises the major portion of the patients under treatment at Crafts-Farrow State Hospital. At the end of the fiscal year 1977-78 this group totals 1,043 patients, many of whom have been hospitalized for long periods of time. During this period of time approximately 480 patients were discharged to their families, boarding homes, and/or approved intermediate care nursing facilities throughout the state. Every effort is made to ensure that these facilities are suitable to the individual needs of the patient and that the patients are carefully selected to adequately meet the behavior patterns necessary for an adequate and successful adjustment to that particular placement. Where it is possible every effort is made to place them in approved facilities as close to their home communities and families as possible. Prior to their placement, the plans are discussed with patients' immediate families.

This has been made possible by the considerable increase in the number of personnel and facilities of the hospital Social Service Department. We now have access to a current list of vacancies in the above-mentioned alternate care facilities in order that these vacancies may be utilized immediately.

The basic function of the Service continues to be the provision of a wide range of coordinated active treatment programs designed to meet the varying therapeutic needs of these residents. Our programs are of course limited by our presently overcrowded facilities which have resulted from the unavoidable closing of several of our older buildings. We have, however, continued to provide separate buildings for each category of patient with doctors, nurses, social workers, psychologists and other mental health professionals assigned to each building.

In addition to the expansion of the Social Service Department, there has been an increase in number of physicians, psychologists and ward treatment specialists during the fiscal year. The increase in professional resources during the past year has resulted in a definite increase in the utilization of all approved alternate facilities as well as an increased degree of overall effective adjustment of those patients placed in these facilities and consequently a very marked decrease in their re-admission rate to this hospital.

Doctors, nurses, social workers, psychologists and other mental health professionals are permanently assigned to each building in order to assure a smooth and uninterrupted continuum of care. This has been made possible by active recruitment of a greatly increased number of employees at all levels of professional care.

MENTAL RETARDATION PROGRAM — BUILDING 8

“PROJECT INDEPENDENCE”

“Project Independence,” a program designed to rehabilitate and de-institutionalize the mentally retarded residents of Crafts-Farrow State Hospital, has been in existence since August, 1974. Approximately 215 residents at Crafts-Farrow have a primary diagnosis of mental retardation. Currently, 81 of these are participants in “Project Independence.” As with previous program participants, many of the mentally handicapped residents admitted during the past year have been hospitalized for several decades without specialized training.

The focus of the program is to facilitate the return of these residents to the community. This is accomplished through a structured training program which encompasses all aspects of daily living and seeks to develop the basic skills necessary for an individual to cope with his environment successfully.

Each resident is evaluated and placed in a treatment program geared to his level of performance and degree of retardation. Basic training programs at each level include grooming, table manners, resocialization skills, crafts, music therapy and recreation. Additionally, residents who will be discharged to families or boarding homes receive training in basic kitchen and household skills. Two special education teachers provide individualized and classroom programs emphasizing basic numerical and money concepts, (pre) reading and (pre) writing. The Speech and Hearing Therapist conducts individualized therapy for residents having speech and hearing disorders and group language therapy for residents needing improvement in listening and memory skills.

The Behavior Modification Specialist organizes group behavioral programs to be co-conducted with other group activities and plans special programs for residents exhibiting behavioral problems. The program has continued its utilization of the Token Economy System, but has also designed a primary reinforcement schedule for residents who are unable to respond to token reinforcement. The program also utilizes services provided by the Vocational Rehabilitation Department and Project COIL and receives support from personnel who include a psychiatrist, physician, psychologist, chaplain and dietician.

During the past year the Project Independence program has discharged 22 of its residents. Six of these were accepted by their families; 10 were discharged to boarding homes and 6 to nursing homes.

MEDICAL DIVISION

The Medical Service, located in the McLendon Clinical Center, cares for acute medical and surgical illness occurring among Crafts-Farrow State Hospital patients. It also provides medical care for patients in Buildings 16 and 14 of Crafts-Farrow State Hospital. When patients who were transferred from Crafts-Farrow State Hospital to the Byrnes Clinical Center for special medical or surgical care are returned to Crafts-Farrow State Hospital they are placed in Building 14. They remain here during the convalescent period, eventually to be transferred to other wards when they are physically able or to McLendon Clinical Center if they do not show proper improvement. Females who are physically unable to be transferred to other wards for psychiatric care are placed in Building 16 for prolonged convalescence. Patients placed in the McLendon Clinical Center are composed of a broad category of chronically ill psychotic persons who experience acute exacerbations of chronic disease or intercurrent acute disease episodes requiring special medical management. At times, patients from Morris Village are admitted to McLendon Clinical Center for special diagnostic and/or medical care.

Outpatient clinics are held on a recurring schedule by qualified specialists in the McLendon Clinical Center. Specialties involved include Dermatology, Ophthalmology, Optometry, Internal Medicine, Podiatry, Neurology, Orthopedic, and Employees Clinic. In addition, patients requiring Surgical, Vascular, Thoracic and Gynecology consultations are referred through McLendon Clinical Center to the Byrnes Clinical Center according to a schedule followed there.

There has not been any significant change in staff positions assigned to the Medical Division.

Laboratory:

With a tremendous surge in work, the Laboratory had a very productive year during the 1977-78 period, performing approximately 190,000 individual test procedures, a 26% increase over tests performed the previous year. The laboratory progressed in developing, revising and reviewing policies and procedures which were essential in improving the overall functioning as well as meeting accreditation standards. The staff is currently composed of one Laboratory Technician I, two Laboratory Technicians III, one Laboratory Technologist I, and one Medical Technologist III, a staff position added at the beginning of the fiscal year. Every effort is made to ensure that the laboratory equipment and personnel are suitable to meet the needs of the physicians and patients. Quality control programs have become well established in all sections of the laboratory. Continuous efforts are made to correct deficiencies in safety equipment and to provide more suitable working conditions for the laboratory staff. A Jewett blood bank refrigerator and a Hycel hematology counter were major purchases during the '77-78 fiscal year. The Hycel hematology counter offers the physician the added parameters of the blood indices such as MCV, MDH, MCHC. The computerized computation and printout offers sophistication to the blood cell counting procedure and will be a valuable aid to clinicians in diagnosing and monitoring hematological disorders. The laboratory also expanded its proficiency testing program and is well underway in creating an effective preventive maintenance program.

Dental Service:

The annual statistics of the Dental Section of Crafts-Farrow State Hospital for fiscal year 1977-78 reflect a continuing increase in definitive care of the patients. Emergency types of treatment account for a minimal percentage of the overall procedures. The workload for the Dental Section has shown an increase in patients treated and procedures accomplished. More emphasis has been placed on preventive dentistry rather than "repair and maintain-as-is" dentistry. We are working on a

plan to include a presentation by the Dental Hygienist in Nursing Education classes in the future.

Two new dental X-ray heads (long cone type) have been installed into the Panorex control system. The present X-ray system is completely modern and meets the radiation requirements of South Carolina Department of Health and Environmental Control.

The professional staff includes one full-time dentist, one dentist half-time, one full-time dental hygienist and one full-time dental assistant. Lack of space is not conducive to the hiring of additional professional ancillary help. However, an administrative clerk-typist receptionist should be hired for the Dental Section as soon as possible.

Physical Therapy:

The Physical Therapy Department provides treatments for both restorative and maintenance purposes for patients and employees of the McLendon Clinical Center, Crafts-Farrow State Hospital, and for residents of Morris Village.

Equipment is being maintained in good working order. New equipment acquired during the fiscal year 1977-78 includes a transcutaneous nerve stimulator for the relief of pain; chest pulley weights for shoulder, elbow, and chest active resistive exercises; and a wrist roll for active resistive exercises of the shoulder in abduction and elevation. Some units will need replacement due to obsolescence and normal wear and tear for the past eleven years.

The workload has continued to increase this past year. A total of 761 patients have received a total of 32,879 treatments.

Personnel providing these services consist of a Therapist, two Masseuses and one Masseur.

Radiology and Electrocardiograph Service:

A 68% increase in workload over the past two years was noted for the Radiology and Electrocardiograph Service. An increase of 2,500 exposures for Radiology and an increase of 302 electrocardiograph tracings were reflected.

There are four technical positions authorized for this Service, one x-ray supervisor and three technologists. The Pitts Radiological Associates, P.A. continue to provide excellent coverage.

The radiological and electrocardiographic equipment remains in very good condition. Repairs for the fiscal year totaled \$517.62 for x-ray equipment and \$98.82 for the electrocardiograph equipment.

The cost of expendable supplies for Radiology was \$9,810.00 and such cost for Electrocardiograph amounted to \$786.86.

ACTIVITY THERAPIES DIVISION

The Activity Therapies Service continued to provide a wide range of therapeutic activities, primarily in the areas of recreation, music, occupational and library therapy. In addition to these regularly scheduled daily activities, a program of inviting cultural and entertaining groups from the community was implemented, thereby providing patients with opportunities to enjoy concerts, bands, play drama groups and other forms of community entertainment.

The Recreation Therapy Section scheduled on a daily basis a wide range of recreational activities and encouraged the full participation of as many patients who were able to participate as possible. The Ward Recreation Therapy program, which was initiated in 1975, made available therapeutic recreation on a full schedule in the closed wards as well as some of the open ones. Four staff members continued shopping for and/or with patients who have Medicaid funds available; in addition to using these funds to shop for patients who have not been able to leave the hospital, this shopping program provides a means for the other patients to be taken on shopping trips which allow retraining in shopping procedures (selecting articles, making change, and other socialization processes). An opportunity was afforded patients who like to raise vegetables to grow their produce on a plot of ground within walking distance of the ward buildings.

In the Music Therapy program emphasis was placed on ward visits, using music as a stimulus with the goal of encouraging as many patients as possible to participate in these therapeutic programs. Choir members were trained and both individual and group music instruction was given to interested patients. Individual music therapy was increased.

Ward visitation was also expanded in the Library Therapy Section, and as has been the custom for several years, a program for the deaf and blind patients was provided for with full participation by those patients. Many valuable additions to the medical library have continued to be received. The hospital staff as well as the patients made full use of the library and its facilities.

The Occupational Therapy Workshops under the supervision of three Certified Occupational Therapy Assistants and one Occupational Therapy Assistant continued to work with many patients. Many workshops, meetings and other training instruction were attended throughout the year.

CHAPLAINCY SERVICES

Pastoral services were provided by a staff composed of four full-time chaplains, one part-time Roman Catholic priest, a rabbi on call, and four

part-time retired community clergymen. A total of 860 worship and ward devotional services were held. Interviews were conducted with 922 newly admitted patients. 560 counseling sessions were held with patients. More than 26,000 brief pastoral visits were made during the year and more than 1,000 treatment team meetings were attended.

More than 600 persons were involved in the teaching ministry, which included lectures to nursing staff, various workshops relating to religion and the care of the elderly, and seminars for theological interns from South Carolina State Hospital and Hall Institute.

NURSING DIVISION

Efforts are being made to continuously implement new policies, procedures and guidelines which have been developed for improvement of patient care. Presently, nursing is assessing patients and evaluating their needs in relation to treatment programs available and is suggesting criteria for kinds of patients that might be cared for on a specific ward. Some reassignment of patients has been made according to behavioral problems and physical needs. Other considerations which require immediate attention are patients who require dining rooms within the building and those who need one-level housing.

On a few wards the bed capacity and census have been reduced. This was helpful in decreasing the number of patient accidents; however, at least ten other wards still have too many patients, and this results in recurring problems. Patient census decreased to an all time low at the end of 1977; however, it had increased by fifty at the end of June, 1978. This will soon necessitate opening additional wards in order to have adequate sleeping spaces. Presently fifty-three wards are used for patients, but this may need increasing due to admission of debilitated patients that require total nursing care. During the past year, about 60% of the patients admitted had multiple physical problems.

The South Carolina Commission for the Blind offered glaucoma screening for Crafts-Farrow State Hospital patients. All patients who could participate in the screening were tested, and 32 patients are receiving follow-up treatment for glaucoma and other eye disorders.

A contract was established with the College of Nursing at the University of South Carolina for nursing students to get clinical experience. Under University instructors, 85 baccalaureate students received clinical experiences related to the aging family.

The turnover of Mental Health Specialists is high and this aspect is being studied; however, Mental Health Specialists have helped provide stability of personnel and these employees have contributed to therapeutic care for geropsychiatric patients.

Recruitment of licensed personnel has been limited although a number of recruitment techniques were used. Presently about four-hundred additional nursing staff are needed. This includes at least one-hundred fifty licensed personnel.

New buildings designed for the elderly are needed to replace outmoded buildings which have no dining rooms and small bathrooms that are not large enough to install patient lifts and/or accommodate wheel-chairs and walkers.

A total of 1,094 persons participated in various offerings of Inservice Training. The "Basic Course for Mental Health Specialists" was revised and now includes a course called Pre-Service Training. New employees are assigned to this course within two weeks after employment. One Pre-Service Training course was completed by eleven employees in June. Another new course, "Prevention and Management of Aggressive Behavior" began in February and was comprised of two parts. To date, 33 hospital employees have completed parts I and II and another 60 nursing employees have completed Part I which has been incorporated into the Basic Course of Instruction for Mental Health Specialists. The complete course will be moved from building to building as necessary and will not be limited to nursing employees.

Programs have continued with other courses. The "Basic Course for Mental Health Specialists" provided training for 326 newly employed Mental Health Specialists. To date, 192 have completed the entire course, and others are still enrolled. The "Administration of Oral Medications" course that is offered to Mental Health Specialists after they have completed the Basic Course, was provided to 116 employees. Sixty-seven have satisfactorily completed the course. "Special Techniques" for the Medical Area was completed by 10 Mental Health Specialists this year. "Motivational Therapy System Training" continued this year, and nursing personnel on all shifts on five wards were provided this training as well as other employees in various buildings where this course was previously taught. A total of 184 employees began the course, of whom 140 completed the course, 14 are now enrolled, and 30 did not complete it. Nine new Registered Nurses and Licensed Practical Nurses were oriented to Inservice Training as a part of their overall orientation to Crafts-Farrow State Hospital. An average of 31 nurses attended each session of the "General Inservice Training for Nurses" provided monthly. The "Venipuncture Course" for RN's and LPN's was begun for 30 participants, and 29 completed satisfactorily. "Orientation to Patient Services" had a total of 331 Nursing Service employees attending this fiscal year. The "Psychiatric Nursing Course" for RN's and LPN's was offered once and had 9 participants. Five LPN's completed the "Administration of Medicines Course" for LPN's.

Nursing personnel participated in a number of Continuing Education offerings at institutions and agencies both within and outside of South Carolina.

PHARMACY SERVICE

The total number of prescriptions filled at Crafts-Farrow State Hospital Pharmacy during the fiscal year 1977-78 was 74,404. This was an increase of 12.68% over the number filled the previous year. Cash receipts amounting to \$13.74 were collected for prescriptions for discharged patients that are to be followed up at after-care or mental health clinics.

The Alcohol and Drug Addiction Center at Morris Village was issued 3,841 prescriptions during the fiscal year — an increase of 363 (10.4%) over the number issued the previous year. G. Werber Bryan Psychiatric Hospital opened and received their first patients on February 6, 1978. A total of 2,540 prescriptions have been filled for them. The Pharmacy continues to provide services for the Community Mental Health Autistic Children Division but does not service Midlands Retardation Center.

The Pilot Program for computerized drug ordering at Building 15 was discontinued February 7, 1978. Information from all individual prescriptions filled at present time is being entered into the computer terminal — providing us with a profile on the patient.

PSYCHOLOGY DEPARTMENT

The psychology department has maintained a service complement of 14 professionals. During this fiscal year they provided diagnostic evaluations, therapy, consultation, program proposals, data collection and analysis, and leadership in various committees. In addition, two research-oriented staff members have assisted the Division of Long Term Care in the analysis of patient flow. An added responsibility of the department has been feasibility studies for grant applications.

Direct patient service covered 509 psychological evaluations, and individual and group therapy for 1583 patients.

The acquisition of a video tape system facilitated program planning, educational projects, and staff development within the department and with other disciplines. Several staff members were trained in the use of the video equipment.

Supervision of psychologists, clinical and mental health counselors, a special education teacher, and a speech therapist, has continued successfully. This method of management has fostered professional communication.

Speech students from USC received practicum training under the direction of the department's speech therapist. The students contributed to patient care and provided valuable information about communication deficiencies in the hospital population.

A clinical intern program for special education students from the university was discussed with staff and with the education specialist in the psychology department. The responses led to further study of the mentally retarded in Building 8 and of space availability for trainees.

Some efforts were directed towards the establishment of psychological internships in gerontology and mental illness in the aged. However, limited facilities at the hospital have prevented further study. To counteract the deficiencies, the psychology department recently joined other disciplines in exploring the creation of a geriatric training center at the hospital that could provide research, training and professional growth.

SOCIAL WORK SERVICE DIVISION

The Social Work Service Department approached the fiscal year 1977-78 with much optimism, having satisfactorily accomplished the objectives initiated during the past fiscal year which included: (1) intensive social work involvement in keeping family ties alive and re-establishing broken family ties which enhanced treatment and discharge planning, (2) identification and utilization of available community resources through a closer liaison with Community Mental Health Centers and families, (3) identification of patient and family needs through viable treatment teams and programs, (4) effective utilization of existing alternate care facilities and consultation and assistance to community persons which resulted in the development of two Residential Homes and (5) preparation and implementation of Memoranda of Agreement with Mental Health Centers that facilitated a more complete participation of the hospital with each center.

The above mentioned accomplishments are reflected in the increased numbers of patients discharged to Alternate Care Facilities. During the fiscal year 1977-78, 199 were placed compared to 165 placed during the fiscal year 1976-77.

Social Work Service continues to maintain a student field placement program having 4 graduate students from the University of South Carolina, College of Social Work and 4 undergraduate students, 2 from Benedict College and 2 from Columbia College.

VOCATIONAL REHABILITATION DIVISION

The Vocational Rehabilitation staff assumes the role of representing the handicapped and the state in providing vocational services as may be

needed in the rehabilitation of mental patients at Crafts-Farrow State Hospital.

As the treatment team concept is being used throughout the hospital, a member of Vocational Rehabilitation takes part in each of the teams. This staff member is able to disclose the vocational potential of the patient being discussed, and also feeds back information to other staff members as it applies. Of the referrals from the various treatment teams, forty clients were successfully rehabilitated, vocationally, during the past fiscal year.

A total of 580 patients was involved in various work therapy and personal and social adjustment training under the supervision of the Vocational Rehabilitation Department.

The Vocational Rehabilitation Department established a just wage through evaluation of patients placed on the patient-pay payroll, and also constantly attempted to stimulate more patients to become involved in this rehabilitative program.

The Rehabilitation Workshop Facility on Green Street was utilized as a means of evaluation, and also the Center for Orientation for Independent Living (COIL) was utilized in returning several patients back into the community.

A total of 113 patients was involved in the Home Economics Department where they received evaluation and training in home-related skills, with emphasis on renewal of previously learned skills. Courses were held on food and nutrition, housekeeping duties, grooming, and consumer purchasing. In another evaluation area 92 patients attended classes on general home maintenance, yard work, grooming/hygiene, and food preparation to assist in independent living outside the hospital.

The Vocational Rehabilitation Department in cooperation with Columbia School District #1 again offered Adult Education classes with 31 patients being enrolled.

ADMINISTRATIVE SERVICES

Fiscal year 1977-78 has been a very rewarding year for Crafts-Farrow State Hospital. The entire hospital again felt a great sense of accomplishment when we were again notified by the Joint Commission on Accreditation of Hospitals that our institution had been reaccredited for another two-year period. This achievement is especially meaningful for all our staff and patients since reaccreditation by the Joint Commission means that we have met and passed minimum standards of care and treatment as set forth by the Joint Commission on Accreditation of Hospitals.

Our average daily patient census was on the decline for the first half of the fiscal year; however, since January this trend has reversed itself and our census has increased by approximately sixty patients since that date. This further accentuates our need for additional personnel, particularly in the direct patient care areas, to provide adequate care and attention to our ever aging patient population who, of necessity, require more and constant individual care. This, along with more stringent statutes regarding the administering of medications by licensed personnel only, will demand that we increase the numbers and quality of our patient care personnel in budgetary preparations for the future.

The challenge of providing patient privacy in all our dormitory buildings, as well as furnishing office areas and work spaces in these same buildings for direct patient care employees, continues to be a constant problem for the administration. A Space Control Committee comprised of a representative group of hospital employees has been formed in an attempt to gain suggestions and recommendations in an effort to alleviate this problem.

The Department of Administrative Services, comprised of the Registrar, Supply and Service, Engineering, Security, and Housekeeping Divisions (see their respective individual reports) has worked very closely with the Department of Professional Services to provide the best supportive care possible for the welfare and comfort of the patients entrusted to the care of the institution.

REGISTRAR DIVISION

Admission and Disposition Office:

The Admission and Disposition Office processed 1,650 patients. In addition, it has been assigned back-up to Security for communication and fire alarms. This office also prepares paper work and receives and distributes money to patients and employees going back to examinations and court hearings. This is also the information office for the hospital, is open twenty-four hours, and manned by eleven employees and two supervisors.

Medical Records:

This office is manned by one Medical Records Librarian and eighteen other employees. These employees do a variety of jobs. Ten of them are classified as "Staff Personnel" and "Steno Pool." These employees prepare records for Medical Staffing of patients on Monday, Tuesday, Thursday and Friday. They type all dictation from doctors and social workers. The other employees are assigned to complete insurance

claims, prepare death certificates, file records, ensure that doctors are notified when their work is behind, pay working patients bi-weekly and perform various other work connected with Medical Records.

Medicare-Medicaid:

This office has two employees assigned to Medicare and Medicaid. Their job is to process the claims for patients, notify the families when Medicare days are exhausted and keep a running record on all these patients while they are in the hospital. We have approximately 300 patients on Medicare and 700 on Medicaid. HEW, Blue Cross and DSS are continuously checking our records for need for continued stay and recertification. An additional burden was added during the year, requiring us to run 760 Medicaid recipients through the Utilization Review and forward findings to DSS.

Post Office and Personal Fund:

This office is located away from the Admissions Building and is adjacent to the canteen. We have three people employed, one of whom delivers the mail to all wards in a motorized scooter. Money orders are sold daily. Patients' Personal Funds are maintained in this office; funds are disbursed to patients for shopping either on campus or downtown.

The Registrar Division also has three Clerk Stenographer II's who are assigned to doctors who have special programs in buildings.

SUPPLY AND SERVICE DIVISION

The Supply and Service Department moved into their new complex in October, 1977. The Supply and Service Department continues to requisition, store and issue supplies to all areas within the hospital and to other facilities of the Department of Mental Health, including Morris Village, Autistic Children's Center, and Bryan Village. Records on expendable and non-expendable items are maintained and inventories held periodically.

We are still striving towards improved furnishings for all wards.

The number of patients working in the department has been reduced, while the number of staff has been increased in order to better serve all areas of the Department of Mental Health.

For the fiscal year 1977-78, the laundry at the Department of Corrections laundered 3,143,917 pounds, at a cost of \$297,817.15.

The Canteen continues making available a number of new items which residents are requesting. The Canteen sales for fiscal year 1977-78 amounted to \$137,819.91. This amount does not include the vending machine sales.

ENGINEERING DIVISION

The Engineering Division has continued to place priority effort on improving the real property facilities and utility distribution systems throughout the hospital complex to satisfy safety and accreditation requirements, enhance patient comfort and employee working areas.

Capital improvement projects consisted primarily of additional improvements to the electrical distribution system and construction of a parking lot for Supply and Service Division. Additional work accomplished by contract entailed installation of vinyl floor covering throughout Building 4 and in the newly created office space of Room B-3, Building 1, also installation of metal duct system in Buildings 4 and 5 to support air conditioning units installed with "in-house" personnel.

The Utilities and Equipment Branch installed one ten-ton salvaged air conditioning unit in each of Buildings 4 and 5, new conduit, wire, switches and breaker boxes in Buildings 8, 10 and 12, along with multiple window air conditioning units to provide patient relief from abnormally high temperatures. Also additional bath tubs, clothes dryers, refrigerators and ice machines have been installed to improve patient care. Telephone terminal boards in each building have been connected to the emergency generator circuits to facilitate telephone use during electrical power failure and new 175 watt vapor lights, with electric eyes, have been installed outside a number of building to improve illumination during the hours of darkness.

The Building Maintenance Branch contributed maximum efforts toward building maintenance, minor alterations and improvements to make facilities safer and more useful. Major accomplishments included: fire proofing of exposed steel columns in Buildings 10 and 12; enclosing open stairwells in Buildings 8, 10 and 12; installing fire rated doors with magnetic hold-open devices connected to the automatic fire alarm system; altering former sewing room and patient dining room to satisfy the needs of a Learning Laboratory and classrooms in the Food Service Building; altering the nurses' stations and medicine preparation rooms in Building 15; constructing drainage line with catch basin and valley gutter for Food Service garbage rack; installing coved base, new doors, hardware and Corbin locks throughout Building 17; constructing and installing new rest room stalls in Building 10 and 18; constructing two patio sheds for patients at Building 16; building three block and concrete soiled linen houses to replace metal sheds destroyed by storm; and paving the drive to the kitchen at Building 1; installing panic hardware on doors in Fisher Auditorium; repainting and replacement of ceiling tile in corridors and day rooms of Buildings 2 and 3; painting of Buildings 4, 5, 7, 8, 10, 15, McLendon Basement and Fisher Auditorium.

The Transportation Branch has continued to support an exceptionally heavy number of out-of-town trips, transporting patients to home towns for court hearings and clinics. Tuesdays have consistently been the heaviest days and often it has been necessary to obtain vehicles and drivers from other agencies to meet the trip schedules. Five new sedans, two club wagons (one of which is used as an ambulance), four new pick-up trucks, one four-wheel-drive utility vehicle and one Cushman scooter were received during the year. A like number of vehicles have or will be disposed of by salvage sale (excepting the scooter). This Branch provides maintenance, repair and service support for the vehicles assigned to Morris Village and G. Werber Bryan Psychiatric Hospital.

The Grounds Maintenance Branch has continued to keep the grounds and shrubbery well groomed and the campus policed of trash. Fire breaks in and around timbered lands and assigned recreational areas have been carefully maintained.

Eleven much-needed additional personnel authorizations were received during the year, bringing the total authorized strength to eighty-seven positions. Qualified applicants for these new positions have been difficult to find. Our assigned personnel strength has averaged approximately eighty-four, including three overhire positions. Our authorized strength is adequate.

PUBLIC SAFETY DIVISION

The Public Safety Division continued its duties in providing security and protection for patients, employees and visitors. This division has the responsibility of investigating all types of cases and enforcing all State and local laws applicable to the hospital. Constant patrols are made around the grounds looking for possible fires.

In upgrading the ability and knowledge of each officer, specialized training and education have been provided by the Department of Mental Health, ETV, State Fire Association, National Safety Council, Georgia State University, and the South Carolina Criminal Justice Academy.

One additional officer was added which will result in more coverage at night on the hospital grounds.

During the year a total of 67,687 miles were driven by the officers in patrolling the grounds, answering calls and transporting patients. There were 4,426 calls answered which resulted in 311 cases being investigated and reports written. Types of cases investigated and reports written included: missing patients, trespassing, grand larceny, petit larceny, patient abuse, illegal fishing, auto accidents, fire, contraband, speeding, drinking, assault, embezzlement of public funds, possession of unlawful weapons, etc. There were 490 patients transported, 905 auto decals

issued, 573 traffic warning tickets issued and 37 traffic summons issued. Some of the cases investigated resulted in persons being charged and tried in court.

The Fire and Safety Officer has been placed under this division during the past year.

FIRE AND SAFETY DIVISION

Since the establishment of the Fire and Safety Position in October of 1975, much progress has been made in the areas of compliance with life safety codes through continuous programs of upgrading and renovating of buildings.

The Fire and Safety Officer's responsibilities include holding classes for all new employees to acquaint them with the fire reporting plan and procedures. Classes were held for 158 new employees during the 1977-78 fiscal year.

There were 13 fires reported at Crafts-Farrow State Hospital during the year, consisting of 1 shrubbery fire, 1 electrical-related fire, 2 smoke situations, and 9 fires attributed to smoking in "no smoking" areas. Property damage was minimal and there were no injuries. Fire drills were held on a quarterly basis in each building on all three shifts. There was a total of 160 drills held during the year with 1,500 employees participating.

There were 494 on-the-job injuries reported during the year, 60 of which were recordable (i.e., time lost from work as a result of the injury).

A seminar was held on the campus by the State Fire Marshall's Office. A total of 766 employees attended the classes on fire and safety.

The State Fire Marshall's Office also conducted the yearly inspection of the campus. All buildings on the campus were inspected and the Assistant Deputy Fire Marshall, who inspected the campus, was very complimentary to the administration for the effort put forth to bring the non-compliance areas into compliance with State and Life Safety Codes. As funds become available for capital improvements, it is the goal of the administration to be in full compliance in all areas where it is practical to make the necessary renovations.

FOOD SERVICE DIVISION

The Food Service Division upgraded the quality and appearance of food by redesigning the menu to include more fresh fruits and less high calorie desserts, implementing the Aladdin Tray Service to insure accuracy in plating, and purchasing a tilting braising pan, a verticle cutter mixer and a commercial blender to aid in the preparation of specialized

diets. Evening nourishments were increased to meet the needs of patients with nutritional problems.

During the year a food service area study was begun and as a result most of the positions were re-classified and upgraded.

Meals prepared and served at Crafts-Farrow State Hospital:

Special Diets prepared and served 398,580

Regular and ground food prepared and served 1,752,000

Meals prepared and delivered to Midlands Center:

Special diets prepared and delivered 124,731

Regular and ground food prepared and delivered 335,267

Meals prepared for Morris Village 75,226

Meals prepared for Bryan Psychiatric Hospital 21,852

Total meals prepared 2,707,656

Midlands Center was billed for meals, fruit juices and

miscellaneous items in the amount of: \$431,122.93

Midlands Center was billed for milk in the amount of: \$ 39,633.76

Morris Village was billed for meals in the amount of: \$ 43,608.54

Morris Village was billed for milk in the amount of: \$ 16,287.02

Bryan Hospital was billed for meals in the amount of: \$ 20,260.88

Bryan Hospital was billed for milk in the amount of: \$ 859.54

HOUSEKEEPING DIVISION

During the fiscal year 1977-78, Housekeeping Division has continued its efforts to pursue training programs and the upgrading of the skills and potential of its personnel. New Employees are provided with on-the-job training in addition to a continuing program of updating methods and techniques for all Housekeeping personnel.

During the past year, we have been able to acquire new and much needed equipment, such as stainless steel custodian carts and buffers, some to replace items which were salvaged. We now have personnel in all buildings.

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

DIRECTOR'S REPORT

Fiscal year 1977-78 was the thirteenth year since the William S. Hall Psychiatric Institute was established as the education and research facility of the South Carolina Department of Mental Health. The goals of training highly competent mental health professionals and furthering knowledge of neuropsychiatry by competent research are being pursued.

A total of 1,113 trainees were in training during the year:

- General psychiatry training — 18
- Child psychiatry training — 6
- Psychology interns — 5
- B.S. nursing students — 15
- Nursing students — 47
- Clinical pastoral education — 24
- Social work — 11
- Recreational therapy interns — 8
- Occupational therapy interns — 6
- Music therapy interns — 4
- Pharmacy — 80
- Vocational rehabilitation interns — 2
- Medical students — 138
- Psychiatric electives — 4
- Continuing education for physicians — 745
- Continuing education for clergy — 196
- Primary prevention — 195

The general psychiatry training program had an outstanding recruiting year with eight residents recruited to begin residency training in July, 1978.

Thirty-three papers by members of the Institute faculty were accepted for publication by various professional journals.

On October 12, 13, and 14, 1977 a Joint Commission on Accreditation of Hospitals team surveyed the Institute and again granted full two-year accreditation.

During this fiscal year, 776 patients were treated as inpatients for a total of 35,580 inpatient days and 1,110 partial hospitalization patient days. 8,714 outpatient visits were recorded.

"The Joe E. Freed Award" for the most outstanding paper written by a physician in training was won by Harry H. Wright, M.D., M.B.A. His paper was entitled "Administrative Training Needs in Psychiatric Residencies."

A close relationship with the University of South Carolina School of Medicine has continued with twenty-nine members of the Institute faculty now having appointments in the Department of Neuropsychiatry and Behavioral Science of the School of Medicine of the University of South Carolina. Four of these faculty members have shared funding between the University and the Department of Mental Health.

The Community Cottage continues to offer a unique unit to enhance the training of mental health professionals in the specific area of community psychiatry. We are developing a community psychiatry fellow-

ship program and will be using the Community Cottage for part of the training program.

A pharmacist and a dietician have been added to the teaching staff and will help deliver better professional care and help with the training programs in their professionally related areas.

A partial hospitalization program has been developed to give trainees experience in this specific area. This program should continue to develop and grow and offer more cost efficient care.

Primary prevention programs have begun to assess and develop knowledge and programs to prevent mental illness. This area seems to offer much future promise.

Grants totaling \$145,122 were obtained during this fiscal year and will significantly improve the quality of the teaching programs. During the tight budget years, this area offers a source to develop quality teaching programs in otherwise impossible times.

The William S. Hall Psychiatric Institute continues to develop short and long-range plans to train manpower to meet the mental health needs of the citizens of South Carolina under the Department of Mental Health.

DEPARTMENT OF RESEARCH AND TRAINING GENERAL PSYCHIATRY FELLOWSHIP PROGRAM

The General Psychiatry Residency Program enjoyed another successful year in recruiting residents during the 1977-78 fiscal year. Four residents entered the program in July of 1977. One resident began his general psychiatry residency training in December of 1977. Two residents entered the program in January 1978. Eight residents were recruited to begin their general psychiatry residency training at the Institute in July of 1978. During this fiscal year, two residents entered training directly from medical school, two transferred from other programs, one entered general psychiatry residency training after completing a child psychiatry fellowship, one entered training after completing an internship and one entered training from a position in the S. C. Vocational Rehabilitation Department. During the year, four residents completed their training requirements in general psychiatry and graduated from the program. Three of these psychiatrists assumed positions with the South Carolina Department of Mental Health. One graduate assumed a position on the faculty of the University of South Carolina School of Medicine and is presently based at the William S. Hall Psychiatric Institute. One resident withdrew from training for personal reasons. The total number of physicians in training in the General Psychiatry Residency Program during the year was eighteen.

In the fall of 1974, our program submitted a training grant application to the Department of Health, Education and Welfare for a project period spanning July 1, 1975 through June 30, 1980. A grant was awarded and funded in the amount of \$44,598 in the initial budget period ending June 30, 1976, \$31,651 in the second budget period ending June 30, 1977 and \$22,174 in the third budget period ending June 30, 1978. In June 1978, we received notification of continuing support for this grant and funding in the amount of \$24,726 for the fourth budget period of July 1, 1978 through June 30, 1979.

In July 1977, we implemented the four year General Psychiatry Residency Training Program meeting the requirements for the full four years of general psychiatry residency training now stipulated by the American Medical Association and the American Board of Psychiatry and Neurology.

We have continued to develop and refine specific elements of the General Psychiatry Residency Program both internally and at the interface with other organizations, programs and facilities. A major area of development within the past year has been in our role and relations with the University of South Carolina School of Medicine. Department of Neuropsychiatry and Behavioral Science development under the leadership of Alexander G. Donald, M.D., has facilitated the establishment of opportunities for residency training at the Columbia Veterans Administration Hospital. Within the past year two first year general psychiatry residency training positions were developed at the Veterans Administration Hospital and made available to residents of our program. The Institute General Psychiatry Residency Program is the designated program of reference for these VA residency positions. Thus, first year residents in our program will have opportunities to rotate to the VA Hospital for specific elements of the first year of training with funding from the VA during the coming fiscal year beginning July 1, 1978. We have also further developed our relations with the Richland Memorial Hospital and developed primary care rotation opportunities for first year residents in that facility during the coming year.

During the past year a major effort was directed to recruiting. These efforts were rewarding and yielded a group of outstanding residents beginning during the year and on July 1, 1978.

The General Psychiatry Residency Program continued to encourage and support resident participation in research projects and literary offerings in the course of their training. The "Joe E. Freed Award" was again presented to the resident submitting the best paper. Two residents of our program who have been honored by selection to the Falk Fellowship Program continued their work on committees of the American Psychiatric Association.

Our program continued to support other programs of medical education in our area and state. We have, in particular, continued to develop our liaison with the graduate medical education programs of the Richland Memorial Hospital. In the past year, we redesigned the psychiatric input to the training of family practice residents at the Richland Memorial Hospital in a format which gives these residents a broader overview of psychiatric care and services during a two month rotation. The ongoing process of psychiatric input and clinical support to residents in other medical specialties continued to develop through our consultation-liaison activities in the Richland Memorial Hospital. The development of this rotation for general psychiatry residents in our program anticipated the incorporation of that experience into the essentials of residency training published this year. We have now had this learning experience in operation for three and a half years. It has proven to be a valuable and popular addition to the scope of residency training offered by our program. We have further developed the relationships which are the foundation for our community psychiatry learning experience. The basic community psychiatry rotation in the General Psychiatry Residency Program has continued to be refined along with development of a Fellowship in Community Psychiatry and Mental Health Program Administration. Two general psychiatry residents from our program were selected to begin the fellowship program on July 1, 1978. This two year program will incorporate studies in the School of Public Health at the University of South Carolina leading to a degree of Master of Public Health.

The General Psychiatry Residency Program continued to serve the needs of South Carolina through the training of competent and qualified professionals in the mental health field. We wish to point with pride to the number of our recent graduates who have elected to serve the South Carolina Department of Mental Health and taken positions in various facilities; most notably in the G. Werber Bryan Psychiatric Hospital. We are confident that our continued efforts and attention to issues of quality training in the field of general psychiatry have enabled us to maintain a forward looking, balanced, eclectic training program. We feel that we have a program which is geared to recognize and respond to emerging issues in psychiatry while according coverage and respect to the traditional roots of our field.

Physicians and Medical Students Receiving Training and/or Orientation under the Auspices of the General Psychiatry Residency Training Program in 1977-78:

Residents in General Psychiatry	18
Residents in Child Psychiatry	06
Residents in Family Practice	01

CHILD PSYCHIATRY FELLOWSHIP PROGRAM

The Institute received word that the Child Psychiatry Fellowship Training Program has been awarded a second year award of approximately \$100,000 in its five-year training grant by the National Institute of Mental Health.

A total of twelve (12) papers were published or accepted for publication, including a paper written by George Holmes, Ph.D., Lucy Gordon, A.C.S.W., and Norman Fluet (Psychology Intern) entitled "A Modified Fishbowl Format" which is to be published in the Journal of Adolescence. Dr. Schnackenberg and Dr. Holmes also had a paper entitled "Co-Existing Childhood Schizophrenia and Myasthenia Gravis Treated Successfully with Neostigmine Bromide" published in the American Journal of Psychiatry.

The following trainees spent various periods of time on the Child and Adolescent Psychiatry Service during 1977-78 year: six (6) child psychiatry fellows, twelve (12) general psychiatry residents, five (5) psychology interns, nine (9) chaplain residents, three (3) social work graduate students, and many student nurses, and special education students. Two (2) senior medical students from the Medical University of South Carolina at Charleston did an elective on the Child and Adolescent Psychiatry Service during this past year.

CONTINUING EDUCATION PROGRAM

During the year, the Continuing Education Program sponsored five major symposiums dealing with psychiatric topics. These programs were designed to acquaint non-psychiatric physicians with information in regard to the recognition and management of psychiatric problems developing in their patients. All programs were conducted by outstanding guest speakers who are nationally recognized in this field. Attendance at each program was excellent averaging over one hundred per program.

CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

The internship program continues with five interns supervised in psychological evaluation, psychotherapy, both group and individual, research, consultation, team meetings, and community mental health work. The present five interns began their internship on September 12, 1977, and the internship will run through September 1, 1978. The Clinical Psychology Internship Training Program at William S. Hall Psychiatric Institute is for one year's duration.

SOCIAL WORK PLACEMENT

During the 1977-1978 year 4 second-year graduate students in Social Work obtained field experience at WSHPI; two were in Child Psychiatry and two on the Inpatient Service. The field experience continues to be a planned sequence involving practice, individual supervision, group seminars, as well as lectures from other disciplines.

Beginning February 7 to April 27, 1978 two undergraduate students from Columbia College had field assignments for two days a week. Since Social Work now recognizes the BSW degree as an entry level professional, the reinitiation of this association offers opportunity to assess the learning needs of each level and to set quantitative and qualitative expectations of performance for the Bachelor and Masters level.

During the summer of 1977 three students with one year graduate work participated in the summer program. In order to fund the program in 1978 the beginning date was moved to May 15 and four students worked a period of six to eight weeks in a variety of assignments, including practice, observation and seminar experiences, tabulating data of the Adolescent Research Project. A special project in collaboration and cooperation with the staff and interns of the Television Section was the completion of a video tape on Family Communication.

RESEARCH SERVICES

The Ensor Research Laboratory's continued research resulted in the publication of nine (9) scientific, three of which were presented at national or regional meetings. A fourth paper is to be presented by the chief of the laboratory at the 7th International Congress of Pharmacology in Paris, France in early July, 1978. The 7th Annual Research Symposium was present by the Ensor Foundation Research Laboratory on October 24, 1977. The topic of the symposium was "Pharmacopsychiatry: Schizophrenia, Dopamine and Psychotropic Drugs." Several medical students were involved during the fiscal year in the research projects conducted by the laboratory. The students have found the experience rewarding and fulfilling and hopefully the experience will induce some to pursue careers in psychopharmacology, neurochemistry, psychiatry or biological chemistry.

A new Genetics Laboratory was designed, constructed and became operative during the fiscal year 1977-78. The purpose of the laboratory is to carry out basic biochemical, immunological and genetic research in the area of mental health. A clinical genetic case report on bilateral acoustic neuroma, in collaboration with the neurology service, is in process and a research project on immunogenetic components has been

approved. The latter will be done in conjunction with the Medical University of Charleston.

NURSING EDUCATION PROGRAM

Seventy-six (76) nursing students completed the Nursing Education Program in fiscal year 1977-78. Included in this total were three (3) graduate nurses. The students represented the three schools under contract, Orangeburg Regional School of Nursing, York Technical and Coastal Carolina. The staff attended continuing education workshops offered by the college of nursing and staff development. The director of the program also attended a national conference on "Entry Into Nursing" in Kansas City, Missouri. At present, an intern program for graduates is being planned for implementation in 1979-80, if approved.

PASTORAL EDUCATION PROGRAM

The Clinical Pastoral Residency Program began on September 12, 1977, with enrollment for clinical pastoral residents and one pastoral fellow.

The third annual "Clinical Pastoral Education in Pilgrimage" program began on September 26, 1977, with the format on one-day-a-week for nine months for community clergy who were desirous of participating in an educational program at Hall Institute combining their full-time parish work with certified clinical education. Three community clergy graduated from this program on May 17, 1978.

The seventh annual "Theology and Therapy" undergraduate clinical program at the Hall Institute was offered during January, 1978, to five undergraduate students. This clinical interim project has pre-graduate school purposes of assisting the college student in his or her understanding of mental illness, the study of the interrelationship between religion and mental health, and pre-professional reflection on religion and medicine.

There were two programs in the Hall Institute's *Continuing Education Series for Community Clergy* offered to community clergy and other pastoral workers in 1977-78. The sixth annual Pastoral Care Symposium was held on December 8, 1977, and the featured speaker was Dr. Seward Hiltner of Princeton Theological Seminary. The topic of the symposium was "Frontiers of Pastoral Care," and 145 persons registered for the event. Another program in the 1977-78 series was that of a Pastoral Care Workshop led by Dr. Hiltner on December 9, 1977, for 35 participants. There has been a total of 30 different programs and 1,378

participants in the overall Continuing Education for Community Clergy since its inception in 1971 at the Hall Institute.

There were a variety of community education services and committee participation provided by Pastoral Education Service to community groups, churches, agencies, and associations.

Two graduates from the 1976-77 Clinical Pastoral Program were offered jobs in South Carolina state agencies. Four chaplain trainees started their three months of basic clinical pastoral education June 5, 1978.

The Chief, Pastoral Education Service was invited to give a workshop on "Dreams and Pastoral Care" at the annual convention of the Association of Mental Health Clergy in Atlanta, Georgia on May 10, 1978. He also had a paper, "Implications of the Inner and Outer Growth Journey for the Mental Health Clergy person," published in the *Forum*, a professional journal for mental health clergy.

There were 196 community clergy, undergraduate students, and seminary students who participated in the full-time, part-time, and continuing education programs of Pastoral Education Service during the 1977-78 fiscal year.

Since its beginning with an accredited Clinical Pastoral Education Program in 1967, Pastoral Education Service has conducted full-time, part-time, and continuing education programs for a total of 1,509 participants.

A continuing goal for Pastoral Education Service is that of focusing with the preventative dimensions of pastoral care related to community resources.

RECREATION THERAPY INTERNSHIP PROGRAM

During the year, 1977-78, eight students from four universities completed the quarterly undergraduate internship program. There were three from Clemson University, three from Indiana University, one from University of North Carolina at Greensboro, and from Benedict College.

As a part of continuing education, all staff members have participated in Staff Development workshops. One staff was a workshop leader. Also, each staff member has participated in at least one educational workshop away from the Institute. Linda Patterson was co-leader for a session at the Southern District Conference in Biloxi, Mississippi.

A monthly in-service education session is held for further staff development. This is conducted by our recreational therapy staff members.

MUSIC THERAPY INTERNSHIP PROGRAM

Four students completed a six-month clinical internship in Music Therapy (two students per each six-month period). Two of these students returned to their home state, one entered graduate school, and the other returned to North Carolina to look for a job in Music Therapy. The Music Therapy staff has conducted workshops for Staff Development and participated in numerous presentations within the state to promote music therapy. The Music Therapy Department initiated the first visit of Deanna Edwards to Columbia to give a presentation on the use of music with death and the dying patient. This presentation resulted in other presentations which were attended by many employees of the South Carolina Department of Mental Health. Long range plans include additional staff and hosting the annual meeting of the Southeastern Conference of the National Association for Music Therapy, Inc. in the spring of 1980.

OCCUPATIONAL THERAPY INTERNSHIP PROGRAM

The Occupational Therapy Department had six interns for 1977-78, five of whom were here for three months and one who was here for two months. We have contracted with two more universities, Quinnipiac College and State University of New York at Buffalo, for interns. The University of Puget Sound now gives "chits" to the clinical educators of their students, which are redeemable for cash or toward tuition for courses offered at the University of Puget Sound. The department is in the process of determining the best utilization of the chits.

PHARMACY TRAINING PROGRAM

This program was established in July, 1977, with the employment of one clinical psychiatric pharmacist. The pharmacist has provided administrative, clinical, and instructional services to the Institute during the past year.

As an assistant professor at the University of South Carolina College of Pharmacy, the pharmacist was involved in developing curriculums for psychiatric rotations for senior and graduate students, supervising and coordinating the training of seventy-nine senior pharmacy students (four to five students per group) and one graduate pharmacy student in a two-week and seven-week rotation, respectively. The pharmacist presented lectures routinely to the pharmacy students and was also invited to present lectures on psychopharmacology to music therapy, occupational therapy, recreational therapy, social work, and chaplaincy services, as well as to nursing students and psychiatric residents.

VOCATIONAL REHABILITATION SERVICES

The Clinical Internship Program has continued with two University of South Carolina graduate students completing semester internships. Inservice training has been provided for statewide and facility Vocational Rehabilitation personnel. A professional paper was presented during the fiscal year.

EDUCATION ON PRIMARY PREVENTION PROGRAM

The Education on Primary Prevention Project was initiated April 15, 1977, and was situated in the William S. Hall Psychiatric Institute. In the directive the State Commissioner of Mental Health, Dr. William S. Hall, stated "that the purpose is to involve the people and aggregate the (primary prevention) knowledge necessary to map the field of feasible possibilities, and to raise awareness as to these possibilities. The project will require a year or two for completion and will necessarily require the involvement of a large number of people from outside and inside the Department." Dr. Hall also indicated that to accomplish the above in part a special function will be the planning of a convocation(s) on primary prevention.

To meet this purpose the following have been accomplished:

- Dialogue about primary prevention with groups in each departmental facility (community mental health centers and institutions).

- The appointment and activation of a Policy Advisory Committee to the Project Director, three primary prevention task groups and four convocation committees involving 65 persons.

- A Primary Prevention Workshop on Pastoral Care for the Adult, "The Forgotten Adult: Who Cares?", at the William S. Hall Psychiatric Institute, February with 125 in attendance.

- Participation in the program planning for the Carolinas Primary Prevention, Myrtle Beach, South Carolina, March 12-15, 1978. (Also a program presentation)

- Shared in several committee responsibilities for South Carolina School of Alcohol and Drug Studies, College of Charleston, June 18-20, 1978.

- Program Coordinator for Primary Prevention Convocation I, Carolina Inn, Columbia, South Carolina, April 17-19, 1978, with an attendance of 195 persons from the Department and the community.

The above mentioned activities have generated a significant raising of interest and participation in primary prevention programming. This has

been evidenced by the continuing involvement of the 19 teams from community mental health centers and institutions which participated in Convocation I. Plans for Convocation II are projected for September 27-29, 1978, in which the role of the Department will be more clearly defined. A newsletter *Primary Prevention Paragraphs* is being issued monthly.

Programming is being contemplated and actualized with the Department's definition of primary prevention which follows:

"Primary Prevention in mental health is action intended to enable people to enhance their level of positive mental health and avoid the onset of mental and emotional disabilities. Such actions are typically focused on specifically identified defeating and harmful stressors or debilitating influences which impinge upon individuals and communities. Primary prevention interventions, whether educational and/or structural in nature, are based on the ultimate goal of increasing people's capacities for dealing with developmental and situational crises and for taking steps to improve their own lives."

DEPARTMENT OF CLINICAL SERVICES

During the past year a new Associate Director for Clinical Services was appointed. A clinical psychiatric pharmacist is employed to act as liaison between the Institute and South Carolina State Hospital as well as providing clinical services which include attendance at treatment team meetings and ward rounds, being a medication consultant to the medical staff, developing slide-audio programs on medication for patient education, developing and implementing patient medication education groups on three wards and supervising some on a fourth ward. A fulltime dietitian was assigned to Hall Institute in conjunction with South Carolina State Hospital Food Service on October 1, 1977. Clinical Nutrition became a component of Clinical Services on March 3, 1978, when the dietitian was reassigned under this service. The Clinical Dietetics Service is staffed by one fulltime dietitian. The dietitian acts as a liaison between Hall Institute and South Carolina State Hospital Food Service. She has worked with other dietitians of the Department of Mental Health in evaluation and planning of menus, development of nutritional assessment forms, and revisions of the present Department of Mental Health Diet Manual. The dietitian also serves on the Department of Mental Health Menu Planning Committee and attends other various committee meetings. This year we will be focusing our attention towards the development of policies and procedures for Food Service at Hall Institute. Clinically the dietitian attends treatment teams and other

related clinical conferences, consults with doctors, nurses and other staff members concerning patient nutritional problems, nutritional assessment and counseling for patients on modified diets, as well as development of patient education resources. In our plans for this year, emphasis will be placed on nutritional assessment for each patient; nutrition counseling concerning normal as well as modified diets; and development of additional patient education resources materials. Inservice education for nursing staff, food service personnel, social workers and representatives of the adjunctive therapies was provided by the dietitian. We will be working towards consistently providing more appropriate inservice education for Hall Institute Food Service personnel this year.

GENERAL PSYCHIATRY SERVICE

The inpatient service's six-month study on dietary influence on hospitalized schizophrenics was completed and results are to be published in the Journal of the American Psychiatry Association. The Community Cottage has initiated a pilot study utilizing the problem oriented medical record. Emphasis is placed on the setting of goals together with specific time-limited plans to be used in attaining these goals. After a trial period of three months a decision will be made as to whether or not this type of medical record will be used throughout the Institute. Increasing emphasis is being placed on the adequacy of documentation in the medical record in order to substantiate proper admissions, appropriate lengths of stay, and quality of patient care. The Outpatient Service provided needed activities for the training of psychiatric residents in individual and group psychotherapy. In addition to clinical work, the staff supervised the trainees, conducted seminars and case conferences. During the year, at least one research project was completed by the staff and several scientific papers were published or presented at professional forums. The Psychiatric Consultation and Liaison Section was active and at least one resident was assigned to the rotation.

CHILD AND ADOLESCENT PSYCHIATRY SERVICE

The Child and Adolescent Psychiatry Service was surveyed in October, 1977, for three days by the Joint Commission on Accreditation of Hospitals by the standards of the new Child and Adolescent Manual. The Child and Adolescent Services received the full two year approval and one of the comments by the examiners was that we had a "very excellent program."

The service acquired a portable audio-video cassette T.V. playback combination which proved very useful in carrying out the teaching mission of the service.

The Adolescent Inpatient Service formalized a partial hospitalization program during the year and continues to develop its "primitive canoe trips."

Future plans include the possibility of expanding the Adolescent Inpatient Service into a larger program including day and night components. This would also include having several beds available for acute emergency adolescent patients.

NEUROLOGY SERVICE

Neurologic patient care services have been maintained at established levels of quality and quantity, despite additional teaching loads generated by broader needs for continuing education in Neurology for SCDMH physicians and by the growth of the School of Medicine at the University of South Carolina.

Fred A. Dittmer, M.D., (Diplomate in Psychiatry, ABPN) joined the Neurology Service as Teaching Psychiatrist in September, 1977, and assumed responsibility for the EEG Laboratory, which has added nasopharyngeal recording capabilities. Dr. Dittmer was appointed Assistant Professor of Neuropsychiatry and Behavioral Science (HPI), University of South Carolina School of Medicine.

A. Daniel Vallini, M.D., Teaching Neurologist and Gilbert F. Young, M.D., Consultant in Neurology were nominated by the Resident Staff for the Outstanding Teacher Award.

Charles N. Still, M.D., Chief, Neurology Service was appointed Professor of Neuropsychiatry and Behavioral Science (HPI), University of South Carolina School of Medicine, and elected a Life Fellow of the American Institute of Chemists. He was also elected to membership in the Central Neuropsychiatry Association, and was appointed Consultant in Neurology to the G. Werber Bryan Psychiatric Hospital.

Presentations during the year included ten scientific papers, weekly CME programs for South Carolina Department of Mental Health physicians, a new Aging Conference for Resident Staff, and special presentations in behavioral neurology, dementia, and disorders of the basal ganglia, including papers on Huntington's Chorea at the Eleventh World Congress of Neurology in Amsterdam and the Chairman's Address to the Section on Neurology, Neurosurgery and Psychiatry, Southern Medical Association.

<i>Statistics</i>	<i>FY 1977</i>	<i>FY 1978</i>
Inpatients	237	251

Consultations	450	464
Outpatients	743	760
EEG	414	430

PSYCHOLOGY SERVICE

The Clinical Psychology Internship Training Program was site visited by the American Psychological Association Education and Training Board representatives. This Board's approval is needed every five years and this year marked the fifth year since the last approval was granted. The report rendered to the Education and Training Board was favorable and approval was extended for another five years, the maximum amount of time, for the program. The only major recommendation made was that there were not enough female role models for our interns and that the Education and Training Board will be monitoring the Institute's efforts to obtain this role model.

The staff psychologists have been active again in teaching and training in the other aspects of the Institute. Lectures on behavior therapy to residents, supervision to psychiatric fellows of child therapy, teaching nursing trainees, are just a few of the areas in which psychology has been active.

Psychology has once applied for NIMH support for its training program and is currently awaiting the response from Washington.

Dr. Gore just received a shipment of excellent biofeedback equipment and is planning a number of projects in the up-coming months and years.

Dr. Sabalis has published an article on emotional aspects of divorce with Dr. Ayers in the *Family Coordinator* journal and also an article on transsexualism in the *American Journal of Psychoanalysis*, 1977, vol. 37. Dr. Sabalis provided some input on the topic of the mental health professional and the law to some of the staff members at the Pee Dee Mental Health Center and Dr. Rothstein provided some information on psychotherapy to some of the staff at the Drug Response Operation in Columbia. Drs. Rothstein and Ham are waiting for a decision on their article on ratings by former psychiatric residents of the psychiatric residency program.

In general, the activities of the Psychology Service have been maintained but there are some upcoming changes. The most important one will be the appointment of Dr. Holmes in the next fiscal year to the Medical School. It is anticipated that psychology will attempt to secure the services of a female clinical psychologist to participate in the internship training program on a half-time basis.

SOCIAL WORK SERVICE

A new chief assumed responsibility for the staff at the beginning of the fiscal year. There were also three new inpatient social workers who joined the staff. They received their graduate training from the University of South Carolina, the University of Texas and Syracuse University.

This service continued to perform traditional social work services as well as training and educational functions, participated in the lecture series of the Child Fellowship Program and the General Psychiatry Residency Program and papers were presented by staff members at the annual meetings of the Department of Mental Health and at AAPSC.

The staff participated in a variety of inservice training experiences which included exploration of marital contract, growing up in a hostile environment, family therapy techniques, and early child development. Outside educational meetings were attended at various sites including the Philadelphia Child Guidance Center, the University of Chicago, Tulane University, as well as the Eastern Regional Conference of the Child Welfare League of America.

Data collection continues regarding adolescents who had previously been hospitalized at the Institute. Among other things, an attempt will be made to determine if there is any correlation between length of hospitalization and successful treatment outcome. The staff member assigned to the adolescent unit is responsible for this research.

NURSING SERVICE

Nursing Inservice focused on increasing skills in both medical and psychiatric emergencies. All personnel passed courses in Cardiopulmonary Resuscitation and Management of Aggressive Behavior.

Recruiting qualified psychiatric nurses is an increasing problem and new recruitment procedures are being evaluated.

Generally, continuation in increasing skills for better patient care and understanding and supporting objectives of the Institute have been the outstanding involvements.

ADJUNCTIVE THERAPY SERVICE

The Occupational Therapists are now licensed in the state of South Carolina and also were upgraded in the state system. These positions have been retitled as Occupational Therapist I, II, and Chief of Occupational Therapy. Full involvement in partial hospitalization was hampered due to the lack of an adequate number of staff. Occupational Therapy became involved with evaluation and treatment of children in the Diagnostic Nursery.

The Music Therapy staff has conducted workshops for Staff Development and participated in numerous presentations within the state to promote music therapy and encourage adding a music therapist in facilities where one is not presently employed.

The Recreational Therapy Department continued existing programs. There was one staff change. Much energy was put into training eight undergraduate students in Recreational Therapy.

PARTIAL HOSPITALIZATION PROGRAM

The Partial Hospitalization Program was developed and organized from July to December, 1977. The program structure and policies were developed after: a) researching literature, b) visiting six Mental Health Center Partial Hospitalization Programs, c) attending a national partial hospitalization conference, and d) consulting with staff personnel. Also, a partial hospitalization resource bibliography was produced.

A Clinical Counselor I position was filled in January, 1978. The program began admitting patients on January 21st and to date 14 patients have been admitted. Thirteen (13) of these patients transitioned from inpatient services and represent 24% of the total number of discharged patients who reside in the catchment area. Of the 13 patients: a) 8 successfully transitioned to community living, b) 3 were readmitted to inpatient services, and c) 2 are currently in the program. Also 4 of the patients were referred to Vocational Rehabilitation Workshop Programs. One (1) patient was referred to the Opportunity School. The Outpatient Department referred 1 patient who, upon discharge, resumed previous employment.

VOCATIONAL REHABILITATION SERVICES

Vocational Rehabilitation Services have continued to all sections of the Institute, including the recently established Partial Hospitalization Program. Consideration is being given to program expansion in that consultation requests for services again increased to an unprecedented high. Discharge planning groups have begun in conjunction with the pharmacist and social worker in which patient education is provided on medications, community resources and vocational/career information.

PROFESSIONAL LIBRARY

Professional Library has been quite active again this year in answering requests and providing the library services. Utmost efforts are made to provide excellent material for teaching and research. The library houses specialized materials in mental health along with the core medical

collection, which is included in its collection of 9,174 books and 4,521 bound periodicals. Older and outdated books are continuously replaced by new and updated books.

The membership is updated yearly and stands at 860 at present.

The library is available to all South Carolina Department of Mental Health employees and area colleges, universities and medical facilities. The librarian is currently chairman of the special section of the South Carolina Library Association.

ADMINISTRATIVE SERVICES

The biannual survey by the Joint Commission on Accreditation of Hospitals was conducted on October 12, 13, 14, 1977, and again Administrative Services was found by the surveyor to have no deficiencies. This is evidence that Administrative Services continued in 1977-78 to provide excellent support to the Clinical, Research and Training Programs in the Institute.

Despite the growth and expansion of other programs in the Institute, Administrative Services was able to accomplish its mission without staff expansion and within the budget limitations imposed. However, proportionate growth in staff and funding will be necessary in the future so this high quality of supportive services can continue to be provided.

THE PSYCHIATRIC FORUM

The Psychiatric Forum was published twice during the past year. The number of manuscripts submitted increased, and the range of subjects included was broad. Requests for subscriptions and reprints of articles show that distribution is good and the journal is meeting some needs of its readership.

DIVISION OF COMMUNITY MENTAL HEALTH SERVICES

1978 for the Division of Community Services was a year of continued service extension and concern for accountability. The need for service extension stemmed from increased demands for available, accessible quality mental health services. To insure accountability efforts were made to maintain an efficient and effective system that continued to provide the best of services to the citizens of South Carolina.

Community Service efforts led to:

1. The initiation of a court screening project in Charleston.

2. The availability of audio-visuals with the Film and Book Library (the Division of Educational Resources) to approximately 420,967 viewers. An increase of 33,000 over FY 76-77.
3. The availability of training to 10 professionals around the state who, as a result of the training, are now able to provide an educational experience designed to meet the unique needs of autistic or "autistic-like" children.
4. An orientation workshop for more than 70 new employees which emphasized the structure and operation of the Department of Mental Health and the benefits as well as resources which are available to its employees. Information and resources were available from the State Office of Personnel, the Credit Union, the Employees Association, and the Department facilities, services and programs.
5. A series of orientation and education activities for Board members in all four mental health regions in the state. This training included special workshops at Charleston Mental Health Center, Coastal Empire Mental Health Center, Columbia Area Mental Health Center, and Tri-County Mental Health Center. In addition, a regional training endeavor was presented at Marshall I. Pickens Hospital in Greenville for Board members in Region B.

In addition, eight new grant applications were submitted to HEW for consideration and received approval. Several have not been funded as of this date. These grants are as follows:

1. Tri-County submitted an Initial Operations Grant not reviewed during the year.
2. Waccamaw Mental Health Center received approval but no funding for an Operations Grant.
3. South Greenville Mental Health Center received approval but no funding for an Operations Grant.
4. Columbia Area Mental Health Center received approval and funding for a Distress, Conversion, and C & E Grant.
5. Spartanburg Area Mental Health Center received approval and funding for both Conversion and Distress Grants.
6. Charleston Area Mental Health Center received approval and funding for a Distress Grant.
7. Anderson-Oconee-Pickens Mental Health Center was funded for a C & E Grant.
8. Orangeburg Area Mental Health Center was approved and funded for an Initial Operations Grant.

The need for Accountability brought about:

1. The modification of the Statewide Automated Management System to accomodate the increased demand for more comprehensive data collection to improve the capacity for program evaluation.
2. The development of a center/clinic cost accounting system linked with MIS has been initiated.
3. The signing of a new Memorandum of Agreement between CMHS and the Division of Alcohol and Drug Addictions.
4. Memoranda of Agreement between the State Hospitals (CFSH and SCSH) and CMHS have been signed in an effort to formalize the contracts in order to assure greater continuity of care for patients post discharged from the central facilities.
5. Numerous statewide workshops in all areas have been conducted in an effort to better equip providers of services with the necessary skills to provide a higher level of service.
6. Audits related to minimal Standards for Community Mental Health Centers being conducted in all 15 centers/clinics. All centers/clinics in the state were visited on site by teams including representatives from the State and Federal government, community and other centers to evaluate programs and recommend actions for improvement.
7. A statewide conference for governing community mental health center Boards which focuses on funding resources and accountability measures for effective budget planning and development. Participation included from 2 to 4 representatives from all 15 mental health centers and clinics Boards as well as the new proposed Lexington County catchment area.

ADDICTIONS SERVICES

At the beginning of fiscal year 1977-78 the Addictions Consultant position in the Division of Community Mental Health Services was filled. Consultation on addictions related matters was provided to all Community Mental Health Centers/Clinics and to the Aftercare Services at Morris Village.

A new Memorandum of Agreement between Community Mental Health Services Division and the Division of Alcohol and Drug Addiction Services was signed by the respective Deputy Commissioners in April. This memorandum sets guidelines for the duties of Addiction Specialists in each Center/Clinic and specifies mechanisms of funding, communication and training for these positions.

AFTERCARE AND FOLLOW-UP SERVICES

Aftercare services continue to face the expanding pressures of increasing numbers of clients and the need for an enhanced and broader range of available services. There are now over 7,000 aftercare clients statewide who are receiving services on a regular basis. The majority of them are former state hospital patients but increasing numbers are those who have been treated locally through expanded precare services and were thus able to avoid hospitalization at the state facilities.

The major components of the program include socialization activities, medication checks, psychotherapy, and development of life skills. The goal is to lead the client to an optimum level of personal development and functioning in the community. When clients fail to show for a scheduled appointment efforts are made to find out the reason and the client is encouraged to remain in treatment if it is needed. Home visits are made when possible to support the staff/patient relationship. Over 1,000 home visits were made during the past year. Memoranda of agreements have been signed between the State Hospitals and the Community Services Division formalizing the contacts between them and thereby providing even greater assurance of continuity of care for patients released from the central institutions who are to receive follow-up services in the community.

Significant needs remain in several areas. Additional medical psychiatric support is a must. This includes physicians for psychiatric evaluation and treatment and more beds in local hospitals to avoid rehospitalization at the central state facilities. More staff is needed to assist patients in their resocialization to the community and for providing more intensive support to them at times of impending crisis. Increased funding for the provision of medication at reduced cost to the aftercare client would be extremely beneficial. Most aftercare clients are among our poorer citizens and find it quite difficult to purchase the medication which is so essential to their being able to avoid rehospitalization and remain in the community.

FILM AND BOOK LIBRARY

The library's services continued to be widely utilized this past fiscal year with an audience of 420,967 persons viewing our audio-visuals. This is an increase of almost 33,000 viewers over last year. Services were made available to schools, churches, hospitals, civic groups, agencies and associations. In addition, many camp programs availed themselves of the audiovisuals during the early part of the summer.

The Film and Book Library's staff assisted persons seeking more information on subjects relating to mental health issues and concerns

with the library's books, pamphlets and journal articles. It functions as the educational resource unit for the Division of Community Mental Health Services at the State level.

PLANNING AND PROGRAM DEVELOPMENT

The Planning and Program Development Section, CMHS was successful in developing Divisional negotiations and documents related to both state and federal programming. The Section contributed significantly to the planning for Title I and Title III requirements of Public Law 94-63. Public Law 94-63 (Federal Community Mental Health Centers Act) comprises the predominant federal support to community services.

The Section engaged in other funding activities. Of special importance, the Section assisted with Titles XVIII (Medicare), XIX (Medicaid), and XX (SSA — Social Services). Although funds from these programs were substantially reduced during fiscal year 1977-78, the reduction was in no way related to divisional effort. The reductions primarily related to new Title XIX restrictive guidelines and to Title XX contracting difficulties.

The Office of Planning and Program Development continues to exert extensive effort toward the obtainment of additional funding resources. Funding stability to maintain and enhance the availability and accessibility of quality community services is essential.

RESEARCH AND EVALUATION

The Research and Evaluation section has assisted centers in the development of quality assurance programs and in conducting an annual assessment of need for community-based mental health programs. The statewide automated Management Information System (MIS) was modified to accommodate the increased demand for more comprehensive data collection to improve the capacity for program evaluation. The development of a center/clinic cost accounting system linked to the MIS has been initiated.

AUTISTIC CHILDREN'S SERVICES

Since 1972, the Community Mental Health Services Division has moved toward the goal of the development of a state-wide network of services for autistic and "autistic-like" children in South Carolina. In addition to the three model treatment and training centers located in Charleston, Spartanburg and Columbia, therapeutic classrooms serving eight to ten students have begun in Florence, and Conway. A program has also been started at the Human Development Center at Winthrop

College, a part of the University Affiliated Facilities of South Carolina. In three of these locations, Charleston, Florence, and Conway, the programs are provided through a contract with a local school district. In Spartanburg the Department has contracted with the Charles Lea Center for the provision of the service and the program in Columbia is a facility of the Department. State funds support all of these programs. The Judevine Developmental System serves as the basis for the treatment model in all of the programs. This system is described as a "unified, coherent, comprehensive application of learning and behavior principles to the task of supplying a complete education environment which causes children with severely disordered behavior and language to behave more normally."

An important component of the service delivery system is the training which is coordinated out of the program in Charleston. Based on the Judevine Developmental System, competency-based modular training is provided to professionals, parents and para-professionals.

This year, through the assistance of the South Carolina Developmental Disabilities Council, the training was made available to ten teachers from around the state who would, as a result of the training, be able to provide an educational experience specifically designed to meet the unique needs of autistic and "autistic-like" children and teenagers. The training itself is at all times provided at no cost to the trainee. However, the grant allowed the cost of living expenses and travel to be paid.

In 1976, the Department was awarded a grant from the HEW Office of Developmental Disabilities for a grant for the Development of Training Techniques to Teach Vocational and Academic Skills to Autistic Adolescents and Young Adults. The primary goal of this grant is to develop training for professionals and parents which can more adequately prepare them to meet the unique needs of autistic adolescents and adults. The work being done within the framework of this project would not only produce knowledge of how to actually train and educate autistic persons but would also provide information about service delivery systems for this population.

The training program for professionals and parents has been designed around the results of the pilot projects. These pilot projects are located in Spartanburg and Charleston and serve approximately twelve teenagers and young adults. A third therapeutic classroom for Autistic Teenagers is underway in Columbia under the auspices of Richland School District II. The SCDMH Autistic Adolescent Project is providing the consultation and training for this program.

Throughout the programs, consultation is available to any public program serving autistic people and their families. Efforts to educate the

public and professionals about the characteristics and capabilities of autistic children and adolescents is an on-going process.

TRANSITIONAL SERVICES

This office has served as a consultant to all fourteen centers who offer some form of Alternate Care or Transitional Programs.

The concept of Transitional Living Programs involves two distinct aspects; 1) Alternate care and; 2) Transitional services. Alternate care placements for patients who do not need hospitalization but cannot maintain themselves at home should include levels of care from crisis care, short term care supportive to long term care. The Transitional programs would allow movement of the patients from more restrictive to less restrictive levels of care. The Transitional program involves social and living skill development and includes home management, nutrition, recreation, etc.

SERVICES FOR THE ELDERLY

During fiscal year 1977-78 emphasis has been placed on integrating Services for the Elderly with other community mental health center programs while providing for the specialized needs of the elderly. Direct services are currently being provided to 3,164 elderly clients (12% of the total center clients) and others are reached indirectly through liaison with other agencies and by consultation and education efforts.

Workshops were organized by the two central office consultants on aging in response to requests from the coordinators in the fifteen (15) centers. The workshops (2) centered around:

1. Information sharing
2. Identifying needs and commonalities
3. Understanding the specialty needs of the elderly
4. Program development

Representatives from the S. C. Commission on Aging, The Division of Long Term Care, and Crafts Farrow State Hospital participated in the workshops along with center staff and central office liaison persons.

The leaders of the workshop on "Program Planning and Development" and the consultant to two centers with speciality staff for aging (Spartanburg and Columbia Area Mental Health Centers) were both provided through NIMH. Columbia Area Mental Health Center now operates a Day Care Program for the Elderly. Several centers have: done needs assessments, held local planning-linking meetings, and/or participated in community team conferences for the elderly.

Central Office specialty staff provided consultation on program development to the clinics and centers. One staff member attended the NIMH Seminar on Aging and the National Conference on Ethnicity and Aging.

The July issue of the Community Mental Health newsletter, *Data & Dialogue* (D²) featured Services for the Elderly in Community Mental Health.

EMERGENCY & PRECARE SERVICES

The comprehensive centers provide a twenty-four hours a day emergency service with the ability for face to face contact and medical back up if needed. Non-comprehensive clinics provide some after hours coverage usually by contact with key referral sources familiar with community mental health personnel who reside in their area. Written descriptions of the emergency services of each center or clinic are on file in the central office.

A plan for monitoring of emergency services was implemented in fiscal year 1977-78. Telephone surveys of community caregivers were made during site visits and two unannounced calls were made after hours to each of the comprehensive centers. The responses to each of the above surveys was generally positive.

Precare efforts to maintain the client in the local community have been closely linked to emergency services. This service continues to utilize crisis intervention techniques, local hospitalization, other clinic/center treatment modalities and the local resources of a community in order to maintain the client in or close to his home environment. However, limited funding for the development of a comprehensive community support system remains a problem if all potential clients for state institution admissions are to be screened by local community mental health centers and afforded alternative treatment. One center is now conducting a pilot project to demonstrate the needs for a comprehensive screening and treatment program. During 1977-78 there were 335 local hospitalizations under the pre-care program with 138 of those being paid for by use of state pre-care funds.

General:

Considerable organizational change has occurred during this period: the Center went from a medical director to a non-medical director; the Steering Committee was expanded to include all program coordinators; a medical records review committee was appointed; Center hours were expanded to include evening hours one night a week; and the Barnwell satellite office expanded to three days operation per week. Active re-

cruitment has resulted in the hiring of one full-time psychiatrist with additional part-time support being given by two psychiatric consultants. In preparation for our first Standards Audit, a complete review and reformulation of policies and procedures was made and placed in a manual for easy access to staff.

In response to the tenor of staff morale and mindful of ideas reflected by the Department's Human Consideration Committee, three successive weekly staff meetings were devoted to defining problems in work relationships. This was followed by a two-day retreat conducted by a consultant-facilitator and had very beneficial results.

Precare/Emergency Services

Precare funds were used to place three indigent persons in the local community hospital, thereby avoiding hospitalization at State Hospitals. Center staff continue to be on call to the local hospital emergency room during Center hours of operation. Some of the staff have assisted in the development of the local Crisis Line and are also serving as backup to it, which receives calls after Center hours. Now that the Line exists in Aiken County, staff are involved with others in planning one for Barnwell County. All new employees of the local hospital are being oriented to the Center as a part of their inservice training.

Aftercare Services

Provisions of the Memoranda of Agreement with State Hospital and Crafts-Farrow Hospital are being implemented, whereas the agreement with Bryan Hospital is still being developed. Monthly medication groups are being held in Aiken and Barnwell Counties with psychiatric coverage.

Transitional Services

This program provides services to those needing re-orientation to the community and socialization experiences following discharge from the State Hospitals. An average of eight patients are involved in the program on a three day per week basis.

Partial Hospitalization

This program serves approximately twenty clients weekly, offering individual, group, and activity therapy. The program operates four days a week plus one evening per week for those unable to come during daytime. This program uses several CETA employees.

Adult Services

A strong effort to develop services for the elderly has been undertaken during the past year, including a number of public education programs and consultation services with other agencies serving the elderly. Plans have been made for the Center to assist the Lower Savannah Council on Governments in developing and administering an ombudsman program for nursing homes in Aiken County, using a volunteer work force.

Children's Services

Services have been greatly increased as a result of a new therapist being added to this program. In addition to direct therapy to children and their families (including parent classes), consultation continued to be provided to schools and other agencies. A contract was implemented with the Barnwell school system whereby direct treatment was provided to children in resource rooms and classes for the emotionally handicapped and consultation services were provided to teachers. A Parents Anonymous group and a multi-agency Child Abuse Committee were also formed.

Consultation and Education

Resulting from extensive work concerning policies, procedures, and community outreach, the C&E program has been more adequately formalized. With the focus on accountability, records now reflect quality as well as quantity of C&E programs. Community outreach continues to show improvement with additional staff developing linkages with various agencies. Clergy contacts have increased in both Aiken and Barnwell counties. Inservice training among Center staff is being greatly expanded.

Addictions Program

Discussions with both the Aiken and the Barnwell County Commissions on Alcoholism and Drug Problems have led to a Memorandum of Agreement which clearly defines the role of the Center with each of the Commissions and provides for greater liaison and other cooperative efforts.

Program Evaluation

Meetings were held with citizens in six local areas to define the major mental health problems existing in those regions. The following problems consistently appeared: 1) alcohol and drug problems, 2) family conflicts, and 3) problems that youth were having that were common to their age group.

Conclusion

Center staff continued to struggle to provide much needed services, despite pressures of over-work, low financial incentives, and increasing paper-work. Staff are now struggling to modify their current therapy practices so as to more effectively absorb the increased load. Forming a greater number of therapy groups is one alternative chosen to avoid prospects of a patient waiting list. Despite the pressures, the staff remain dedicated as always to providing quality care to their patients.

ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER

The Anderson-Oconee-Pickens Mental Health Center experienced its tenth birthday as a Comprehensive Community Mental Health Center during this year.

Though growing pains were induced by local cutbacks and the constant uncertainties of Title XX, the Center made considerable growth progress.

In November 1977, a Consultation and Education Grant was funded after having been approved some 18 months before. By the end of February two full time professional staff had been employed and the program was launched. Under the leadership of the Community Services Director, the Consultation and Education Service has already proven itself a vital ingredient to the overall Center Program and its service to staff, clergy, schools, high risk groups, and other caregiving agencies.

Another area of growth was the staffing and implementation of a special program for status offenders in Oconee County. This is a program funded by LEAA to provide a social worker who works closely with the Oconee County Family Court judge, and whose function is to do screening, counseling and family work as a direct intervention mode. The worker also provides consultation to Court.

The Center's Board of Directors involved themselves more than ever in the total Center Program, its fiscal responsibilities and accountability, personnel, decision making, and overall policy and procedural mechanisms. The Board also decided to increase its present membership by 3 for a total of 15. Such action will suffice in lieu of a professional Advisory Committee.

Although financial pressures persisted throughout the year, services as mandated by Public Law 94-63 continued to be rendered at a high quality. All 12 services are in place. However two, Transitional Living and Service to Elderly, began to be broadened and strengthened in fiscal year 1977-78 and will continue to be broadened and strengthened in the ensuing year.

Direct Service Goals

1. Outpatient — To be responsible for the needs of the community, for psychiatric diagnosis and treatment when in the judgment of the staff, these needs can be met on an outpatient basis.
2. Partial Hospitalization — To provide a psychiatric therapeutic setting intermediate in intensity between an inpatient and outpatient setting.
3. Precare-Aftercare — To offer initial care to all potential psychiatric hospital patients and to offer follow up care to all patients who have had psychiatric care, including hospitalization or Clinic/Center Service, and to help them maintain and improve their level of functioning in the community and to prevent re-hospitalization.
4. Inpatient — To provide 24 hour facilities for patients who require more than Outpatient and Partial Hospitalization Services. To offer intensive short term inpatient treatment and in coordination with other service components reduce admissions and readmissions to state hospitals by increased utilization of Inpatient Services.
5. Emergency and Crisis Intervention Service — The Emergency and Crisis Intervention Service continues to provide residents of the Catchment Area with immediate Crisis Intervention, consultation and mental health education. The service is available on a continuous, around the clock basis and provides walk-in as well as telephone counseling. The program emphasizes immediate response to an immediate dilemma and is geared toward the provision of emotional stabilization, information or referral services. The Crisis Center experienced a physical change the latter quarter of the past year and is now housed on the premises of the Main Center.
6. Alcohol and Drug Service — To provide counseling and treatment services for substance abusers and their families, to enhance prevention and control of alcohol and drug abuse, to provide educational programs and consultation for the community, and to work cooperatively with other agencies and groups dealing with substance abuse.
7. Children's Service — All services provided to adults continue to be provided to children under the Child and Adolescent Program.

The overall Center emphasis in 1977-78 was on accountability, quality assurance, specialized programming and strengthening the present program. The purpose in the approach was to maximize our overall efforts with limited resources without losing quality services.

BECKMAN CENTER FOR MENTAL HEALTH SERVICES

Major Events of 1977-78 Year:

During the fiscal year 1977-78 several major changes have occurred at the Center. Administratively, the Board of Directors accepted the resignation of the director as of July 1, 1978. He will remain at the Center in the capacity of psychiatric service chief continuing his wish to return to full-time clinical pursuits. The Board then announced his replacement. The transition has been smooth and the Center continues to operate well.

Responding to needs of the catchment area, the Beckman Center accomplished its first comprehensive needs assessment in early 1978. The data provided a base for sound planning and goal setting for the upcoming fiscal year 1978-79. Aspects of the needs assessment included a satisfactory survey of clients who have utilized Beckman services, demographic and social stress indicator analysis, a survey on visibility of services and a priority listing of problems in the catchment area. Data from the surveys were analyzed with agency and service element goals established from this process.

During the year, the Board of Directors also adopted a quality assurance program for the Center. Establishment of a peer review committee has been a valuable asset in assessing and monitoring quality of clinical services provided to consumers. Out of the committee's work have come standards of care which are continually being refined and established.

Staff turnover resulting from limited possibilities for advancement created problems for two program elements, namely precare/emergency services and the substance abuse programs. While services were continually provided in these areas, existing staff had to assume additional job responsibilities. Presently, as of this writing, all vacant positions have been filled and a smoother operation of these service elements now exists.

While the Board had proposed and approved a full time satellite office in Newberry, S. C. it was not until August of 1977 that this became a reality. Clinical staff were hired and the office operation has resulted in expanded services for that portion of the catchment area. Utilization of services has been increasing rapidly and the operation has become a vital link in the human service delivery system for that county.

With input from the consultation and education committee and the efforts of our staff nurse, the Center's services for victims of sexual assault was crystalized through establishment of the Greenwood Rape Crisis Council, Inc. This group of volunteers now provides counseling to victims of sexual assault, support for the victim while she is going

through the various stages of the legal process and public education to Greenwood county concerning the myths of rape and means of preventing assault. Statistics have shown an increase in reporting assault and following through on the process to conviction. The model of establishing a volunteer council as an advocacy group for victims of sexual assault will be expanded to other counties in future years.

In March 1977 the annual site review found the Center to be in compliance with the mandated service requirements of PL-9463. There were noted deficiencies with Board structure, however, with aggressive action taken by the Board these were rectified. In summary the Beckman Center remains committed to providing quality service to consumers in our 7 county catchment area. There have been numerous improvements during the past year and with a needs assessment update in the Fall of 1978, the Center looks forward to addressing the problems of the catchment area in the future.

CATAWBA CENTER FOR GROWTH AND DEVELOPMENT

Personnel:

During fiscal 77-78 there was minimal personnel movement. There was an overall net gain of three persons, all clerical, all in York County being employed with CETA funds. Recruitment was completed for an additional psychiatrist to join the staff early fiscal 78-79.

Board:

In addition to the establishment of a Citizens Advisory Committee representing the three county area, the board increased its membership to fifteen, moving toward bringing board membership into compliance with federal guidelines.

Program:

Presented in the plan of operation, not by priority sequence.

Services to the Elderly:

Direct services have been provided to the elderly in our existing service areas and without a specifically identified direct service delivery category for this age group. Contacts were made with existing councils on aging, serving the aging, in an effort to enable them to better serve the elderly from a mental health perspective.

Partial Hospitalization:

Partial hospitalization continued to be a vital center service, especially in the treatment of patients locally hospitalized and preventing

others from requiring hospitalization. Late in the year partial hospitalization was extended until 3:00 p.m., two days each week. Due to staff shortages the plan to have a 5 to 9 p.m. program, at least one night per week, was not carried out.

Rape Prevention:

After becoming aware of the efforts of a local group to establish a rape prevention council, our Center has acted in a role of supporter and backup to this council. An information-rape prevention pamphlet was drawn up in collaboration with the local rape council representatives and was printed by the Center. Space for counseling between rape crisis volunteers and victims was provided in the center during regular duty hours.

Field Placement:

This Center has continued to function as a resource for field placement of undergraduate social work students at Winthrop College. A minimum of one student per semester has been in this program.

Substance Abuse Services:

This Center continues to treat substance abusers but has also supported the local council on alcoholism in its efforts to move toward the establishment of a subacute detox capability, which was not accomplished. Our partial hospitalization program provided outpatient detox for a number of substance abusers during the year. The medical aspect of detoxification was managed on an inpatient basis when indicated.

Emergency Services:

Twenty-four hour emergency services were available through the Rock Hill facility throughout the year. There was a recognized need for the institution of a crisis stabilization effort for crisis oriented patients but this was not accomplished due to a lack of staff. It is felt that the emergency services decreased emergency admissions to the S. C. State Hospital System.

Chester County Satellite Program:

For a very small staff, there was considerable staff movement in this facility during this fiscal year. Nevertheless, most directly requested services were either delivered through the Chester Satellite or arranged for through that Satellite. The satellite staff there was involved in program development for child abuse identification and treatment. It has been in a continuing collaborative and cooperative effort with other

agencies regarding mutual patients. Aftercare services have been provided to Chester County patients.

Inpatient Service:

Inpatient care continued on a non-identified unit basis. With additional psychiatrist time for approximately two months in the fall of 1977, patient census dropped drastically. Arrangement was made with a local general practice group to aid in inpatient admission and charting. By the end of the year the census was approaching ten per day. A preliminary set of criteria for hospital admissions was developed. A security room was made operational during the year.

C & E:

Several goals stated in the plan of operations were not reached due primarily to the lack of intense focus on the area of C & E. Some consultation services were sold to other agencies. Following the site review in March 1978, determination was made that a full time C & E chief was needed and was appointed late in the year.

Lancaster County Satellite Program:

Although Lancaster County underfunded mental health, the satellite there was maintained at full operation throughout the fiscal year. There was the plan to have outreach programs into the areas of Kershaw and Heath Springs but this was not accomplished due to staff limitations. Due to direct demand, the Lancaster County Satellite Staff responded to many demands for unscheduled direct services.

Specialized Services to Children:

The children's services team functioned as a service unit throughout the year. Identification of children's needs, evaluation, and staffing was done in a routine and orderly manner. Most children were seen through the group process while their parents were seen as indicated. There were two behavioral evaluation groups that proved to be quite helpful. By this team the center was represented on the York County Multi-Disciplinary committee on child abuse and neglect and on the tri-county multi-disciplinary steering committee on child abuse and neglect.

Precare Screening Services:

Functionally, precare screening by definition constitutes screening of patients regarding their need for inpatient care. This was done as an outpatient function in all our treatment programs, including partial hospitalization and emergency contact. It is believed that this probably decreased the institutional admissions.

Aftercare Services:

Aftercare services in the three county area were tailored to meet the needs of patients in specific geographic areas. Aftercare clinics were revamped in terms of specific service delivery and also one additional aftercare clinic was established in the York area. A high percentage of aftercare patients are maintained out of the institution by this program.

Transitional Living Services:

Transitional living services continued but on a lower level than had been planned due to the lack of a Title XX contract. Through this program, daily living skills were taught, enabling many patients to become more self sufficient in their daily functioning.

Volunteer Services:

There were a total of fifteen persons completing the orientation and training program for volunteers. Most of these persons were in the activity portion of partial hospitalization but two of them worked with our children's groups and two worked with the transitional living group. One minister has taught literacy within our partial hospitalization program and two nurses volunteered their services in the partial program and in the aftercare program.

CHARLESTON AREA MENTAL HEALTH CENTER

Fiscal Year 1977-78 was the second full year of operation following the termination of federal staffing monies. We have completed one decade of service as a fully comprehensive community mental health center and are looking forward to the changes and accomplishments which we anticipate in the second.

We entered this year both anxious and hopeful around the issue of accountability. Anxious about whether we would find our services to be efficient and effective, and hopeful that our joining our department's computerized management information system would provide some documentation as to what we were doing, and to whom. The system has been a mixed blessing this first year; our staff has become accustomed to if not fully accepting it, and we anticipate receiving enough accurate data to describe our service delivery satisfactorily.

This year has been noteworthy because of the greater personal investment made by the members of the Community Mental Health Board. Under very able leadership, the Board members' continued support and critical and insightful questions and concerns about our directions have been most helpful.

We have been involved in the nuts and bolts both of reexamining our organization and devising a system of management to use in moving ourselves in some desired directions. We have allotted more time to center management and to review of quality of service. We have begun to group service delivery teams into larger general areas corresponding to the *Balanced Service System* concepts.

Through the "Commitment Project," our Emergency Intervention and Inpatient teams have significantly altered the flow of seriously disturbed persons from central hospital to community based care. The high occupancy rate (95% for the past five consecutive months including July) has also contributed to expanded income from third party payors.

The center continued high-quality service delivery throughout. Staff training needs were again dealt with continually through a standing committee of our Staff Advisory Committee for this purpose. Training for other caretaker groups and for colleges and universities in the area is done routinely and efficiently now after several years of practice, and a portion of these consultation and education services pay for themselves or augment center income through formal contracts.

Each of our essential modalities of treatment has reviewed and modified its approach to service delivery during this year, changing programs, treatment foci and documentation efforts to provide the most efficient service for the resources available.

We have not grown in size this year though the catchment area continues to grow rapidly, population-wise. We are aware of and have made use of the means available and feasible for increasing income so as to expand service to meet population needs. However, we are not hopeful that any expansion will be possible in 1978-79 unless it is through grant funding for indirect services such as manpower development or consultation and education.

In sum, we have matured and changed our management style and service delivery efforts so as to continue to provide quality service without cutbacks while at the same time learned better how to document our work and justify our allocations of resources.

COASTAL EMPIRE MENTAL HEALTH CENTER

Coastal Empire Mental Health Center, serving the lowcountry counties of Allendale, Beaufort, Colleton, Hampton, and Jasper is beginning it's fourth year as a comprehensive mental health facility.

During the past year, 1977-78, Coastal Empire Mental Health Center staff treated 1,410 new admissions, engaged in 7,740 contact person interviews and spent approximately 18,000 total community service hours. Each of these contact statistics represents an increase in services

provided by Coastal Empire Mental Health Center over the previous year.

Serving as the catalyst and impetus for much of our growth has been a new Center Director. Combining an interest in clinical teaching with outreach designed for preventive education of the general public, his leadership has given new direction and focus across the entire spectrum of Coastal Empire Mental Health Center programming.

In addition, this has been a year for significant expansion of staff, particularly in the services of partial hospitalization, nursing, addictions, and children's services. With the increased staff, Coastal Empire Mental Health Center is now able to plan and execute programming in greater depth on a county by county basis than was previously possible. Coastal Empire Mental Health Center is particularly anticipating greater expansion of programming in the interest of children's services, inpatient services, and pre-care/after-care services.

A focal point in new Center programming this year has been the expansion of Consultation and Education activities designed to undergird an emphasis upon the enhancement of health and the primary prevention of mental illness. Contracts for C & E programming with UCCD staff who work with pre-school children and a weight reduction program with staff at the local hospital are two newly developed programs for developing and enhancing good health habits in daily living. Coastal Empire Mental Health Center is also continuing to expand its efforts in Parent Effectiveness Training in programs to develop and re-inforce health family life styles.

In the area of services, we have been able to provide more adequate psychiatric coverage for after hours and week-end emergencies; quality assurance concerns have been newly addressed; emergency services usage has increased significantly, a new informational brochure developed, and children's services and addictions services have been expanded.

One of the highlights of the year was the month long Mental Health Month celebration. The program was spotlighted by an essay contest in the local schools on "What Is Mental Health," month long coverage of Coastal Empire Mental Health Center staff and programs by local newspaper and TV media, distribution of the new Center informational brochure, and a two-day community open house visited by over two hundred persons, in which contest winners were recognized and awarded prizes, and in which local service agencies (DSS, Vocational Rehabilitation, Department of Public Health, and Mental Health Association and the Beaufort-Jasper Alcohol and Drug Abuse Commission) cooperated with displays and exhibits.

The Coastal Empire Mental Health Center is proud of the active community support and rapport which it enjoys. Our belief is that this position gives us a unique vantage point upon which to continue the development of programs and service functions designed to provide compassionate and competent delivery of effective mental health services to our constituents.

COLUMBIA AREA MENTAL HEALTH CENTER

The Columbia Area Mental Health Center spent Fiscal Year 1977-78 in an intensive program designed to insure excellence. Quality assurance efforts were intensified, standards were set and compliance measured, guidelines were investigated, and the Center reorganized to insure better fit of the programs to these standards. As a result of these standard-setting programs, the Columbia Area Mental Health Center has been fully accredited for two years by the Joint Commission of Accreditation of Hospitals (JCAH). At the beginning of Fiscal Year 1977-78, 87 positions were funded by state and local funds, and six positions on other monies. As a result of new federal grants — Conversion, Distress, and Consultation/Education, which were awarded January 1, 1977 — the Center has reached a maximum of 104 filled positions.

The administration has undergone several significant organizational changes during the last fiscal year in terms of both personnel and areas of responsibility. In the Business Office new controls on cash handling have been implemented; in the Registrar Section client records are being terminated on a more timely basis, giving a more accurate picture of the Center's active caseload; and a Medical Records Manual has been published. A Division of Staff Development, Quality Assurance, and Research/Evaluation has been established. Major areas of responsibility have been given to this team: needs assessment, program evaluation, Management Information System (MIS), and personnel and staff development.

As a result of the Conversion Grant, a Division of Special Services was created in the Spring 1977, with administrative assignment of Aftercare Services, Elderly Services, and Transitional Services into one service unit. This has resulted in a staff of five in Aftercare, three in Elderly, and four in Transitional. The progress noted over the past year includes the expansion of services in the medication-check groups to include socialization, arts and crafts, group activities, and development of Memoranda of Agreement with the central institutions. Elderly Services accomplished the completed negotiation for a site for the elderly interaction center. This center is located in Melcher House, owned by Trinity

Episcopal Cathedral. Progress noted in Transitional is the operation of the SKIL (Self-Awareness and Knowledge for Independent Living) program, as well as a working relationship with the existing community care homes, and identification of emergency housing situations. The Inpatient Service of the Columbia Area Mental Health Center is located on Eleven East (11-E) of the Richland Memorial Hospital. Outpatient team staff members continue to be involved in the provision of services in concert with other Center programs. In Partial Hospitalization Service the program has broadened to include more skill and didactic material. The therapeutic community concept has expanded encouraging more involvement of consumers in the planning of their own treatment. The Triage/Reception Center is now functional as a visible and permanent service component of Columbia Area Mental Health Center. The Child and Adolescent Service has continued to provide five basic services including outpatient, inpatient, partial hospitalization, emergency and consultation/education. A focus of the Addictions Unit in the past few months has been in establishing continuity of services within the Center. Working with the Child/Adolescent Unit and the Elderly and Aftercare programs has been given particular emphasis, as well as cooperative efforts with Inpatient, Partial and Triage.

The new Fairfield County Mental Health Clinic has been a full-time operation since September 1977. Emphasis has been focused on allowing for the expansion of direct services offered in the county. The Consultation/Education Grant continues to support the Consultation and Education effort. During this fiscal year procedures were designed and implemented for documentation of C/E and Primary Prevention projects.

GREENVILLE MENTAL HEALTH CENTER

The fiscal year of 1977-1978 brought about a broad expansion and restructuring of mental health services in Greenville County. It was a year of change resulting at times in uncertainty and overwhelming stress for many of our staff, yet we have emerged from these experiences stronger and more unified.

The fiscal year began with the task of establishing a new Comprehensive Center in the Southern catchment area with the newly awarded operations grant. This endeavor required a shift of 8 staff and two satellite facilities to form the new Center. Further changes were required in organizational structure, procedures and staff responsibilities. The name of our Center was changed to Greenville Mental Health Center to reflect the change in physical responsibility for services. A new County Mental Health Board structure was created to accomodate

our unique situation with three boards serving the county where there was one. The establishment of two Centers to serve one County has also created a more demanding system of accountability to the boards and cooperative efforts between Centers since there remains one primary source of local funds for both Centers.

The creation of the new Center increased the numbers of staff serving the entire County and reduced the physical area served by this Center, however, the total client population served by this Center has not reduced and there has been no expansion of staff. Additional medical coverage continues to be needed and recruitment efforts are being made.

Our remaining satellite facility in the Northern section of the County was moved to a new building with more accessibility to a larger portion of the population for that area. The name of the facility was changed to the Foothills Mental Health Clinic to reduce public confusion about facilities in the County.

In spite of the pressures and difficult adjustments to the changes briefly described, there have been several creative changes and expansions of Center services and programs.

One of these which provided a basis for planning in all other programs was the initiation of an annual structured needs assessment. This was carried out by three planned community meetings with invited representatives of 60 human service agencies. Data obtained through this process was utilized in our Plan of Operation and feedback was given to the agencies as to how the Center responded to their suggestions in future planning. The community's response to the Needs Assessment has been very positive and we believe it has helped to improve working relationships with many of the agencies.

As a result of the Needs Assessment we became acutely aware of a need for greater emphasis on public awareness of Mental Health Services. Through the cooperation of a local television station, the Center Director has been given a spot on the evening news three days a week to respond to questions from the general public concerning personal problems. This program has provided increased exposure of the Center and has also provided general education to the public on a variety of mental health subjects.

In addition a new County brochure has been printed in cooperation with the South Greenville Mental Health Center and has been disseminated to various agencies and groups in the community.

There has been a new thrust in the Consultation and Education services of the Center. Greater efforts are being made to increase awareness of business and industry management to mental health problems, for the purpose of enabling better utilization of mental health

services for their employees. An advisory board of business and industry managers has been established and with their assistance a series of seminars have been developed for manager and supervisory personnel.

Due to the increased demand for services, the Child and Adolescent Program is placing greater emphasis on short term treatment and crisis intervention. At the same time we are trying to develop creative ways of building a broader community support system for children.

Services to the Elderly have been expanded to include outreach to non-Center clients and evaluation services to other agencies. In addition, regular consultative services are offered to all nursing homes in the area.

Services to battered spouses have been expanded to include group therapy and consultation to other agencies. Several of our staff have participated in conjunction with Family Counseling Services and other agencies in the establishment of a shelter for battered women and children which will begin operation this month. Center staff are also participating in training for other agencies' personnel working with battered women.

The Center's Aftercare Services has taken on a whole new look with the development of the Daily Living Skills Program. This program is housed in a local church utilizing volunteers to provide a structured program of socialization and educational activities. Groups meet twice a month for three hours and the observed results of patients' increased participation, enthusiasm, and changes in behavior have been dramatic in many cases.

Several staff have been actively involved in efforts to establish a Community Center for Social Development to include socialization and residential services for persons with a potential for independent living. A Task Force representing some 15+ agencies was developed and several grants have been written with additional efforts to seek local support and funding.

Other services of the Center have continued with a high quality of care and a continued increase in the demand for services.

The year ended with a struggle to obtain adequate local funding. The County Council reduced our allocation by \$25,000 which reflects a continued need to increase public awareness of Mental Health Services.

The Center continues to negotiate for supplemental funds should state shared revenue return to the County.

ORANGEBURG AREA MENTAL HEALTH CLINIC

I. Active Patients Statistics

The July 1, 1977 number of active patients on hand was 853. Total new admissions for fiscal year 77-78 was 780 giving a total number served for

the year of 1,633 patients. Characteristics of the new admissions were: sex: male 345 (44%), female 435 (56%), race: white 434 (56%), black 346 (44%). Admissions was distributed by service as follows: aftercare 146 (19%), adult 376 (48%), child & adolescent 258 (33%).

During the year there were 566 terminations which left the number of active patient cases on hand as of June 30, 1978 of 1,067. This is an increase of 214 patients or 25% increase over last year's active cases.

II. *Clinic Personnel*

In the professional staff, one part-time general psychiatrist was added one day a week in the Adult Component. The clinic is functioning at a full complement of personnel with the exception of a full-time psychiatrist.

III. *Priorities as Determined by the 1977-78 Plan of Operation*

A. Administrative Goals:

1. Recruitment of a qualified medical director — one full-time general psychiatrist has been recruited.
2. Re-definition of Administrative Roles — The P.Q. for a non-medical director was submitted to the Central Office for consideration.
3. Management Information System — The clinic elected to participate in the State MIS and the system is now in operation locally.
4. Problem Oriented Record System — To date, POR is not in place at the clinic. The clinic elected to go to a Problem-Goal Oriented system and is in the planning stages. It is expected that this record system will be in place January 1, 1979.
5. Accountability — A detailed organizational chart has been drawn up and is serving to better define clinical roles.
6. Microfilming — All eligible cases have been microfilmed and are stored.
7. Needs Assessment — A comprehensive mental health needs assessment was completed and was used as the basis for the submission of an initial operations grant. This grant was approved and the maximum amount award of \$600,000.00 was made to begin September 1, 1978.
8. Fiscal Goals —
 - a. Title XX — A Title XX contract for the fiscal year was written. Because of Departmental difficulties in getting the contract approved, the Center elected not to pursue rendering services under this contract.

- b. Medicaid — The medicaid treatment plans were up to date and met the criteria for the medicaid auditors after alterations. Medicaid billings decreased due to a policy of differential re-imbursement by medicaid.

B. Substance Abuse Services:

1. Group therapy at CADA — One addictions specialist from the clinic continues to provide consultation and evaluations at the Commissions Office.
2. Women's Alcohol Group — This objective has been met and the Women's Alcohol Group meets on a weekly basis.
3. Group Psychotherapy for Psychotic Alcoholics — This group is meeting under the auspices of the Aftercare Program.
4. Followup — Because of the deletion of one addictions specialist position only minimal home visits have been made.

C. Children and Adolescent Component:

Because of the loss of two staff members in the C&A Unit and the reorganization of the component, goals for screening interviews and intakes were not met. The component fell 28 short of the projected 205 intakes. For the same reason, psychologicals were approximately $\frac{1}{3}$ of the projected number and psychiatric examinations were 45 as opposed to the projected 96. The C&A Unit met all conference goals and achieved their goals in Latency Groups. The unit offered 3 sessions in Behavior Modifications.

D. Adult Outpatient:

1. A Ph.D. Psychologist was recruited but shifted to the C&E component spending only a limited time in adult services. Additional psychiatric time was secured through the hiring of one general psychiatrist on a part time basis.
2. Although a comprehensive needs assessment has been carried out, no specific geriatric programs are in operation at present.
3. The direct service goals were achieved in spite of the reduction of staff with the exception of the adult group, couples group and the deletion of the formation of the Young Adult Group. There were 376 admissions to the adult group during the Fiscal year. This number constitutes 48% of the total clinic admissions.

E. Aftercare Services:

1. Crisis intervention — the clinic exceeded the 100 crisis goal with a conservative figure of 150 crisis contacts.
2. Aftercare admissions — admissions tripled from the projected figure to a total of 146. The total aftercare patient figure of 340 was also exceeded. Three hundred forty-four group meetings were

held and 320 home visits were made. The activities program and the alternate care program have not developed to the point projected by the plan of operation.

The clinic recruited and trained 4 volunteers who now are working exclusively in aftercare.

Contracts are being worked out with Orangeburg Regional Hospital (ORH) for emergency hospitalization and an inpatient unit. Because of the complexity of these contracts, more time than was expected has been required to meet this goal.

F. Consultation and Education:

The C&E unit is a new addition to the services offered by the clinic. Because of the structure of the clinic, many C&E operations took place within the confines of the particular components in addition to those services provided by the C&E section. The children's unit offered limited numbers of outside consults. Consultations on regular basis were held in Denmark School District II and on individual bases in the Orangeburg School Districts. The advisory consultation goals with Headstart were met.

The Alcohol and Drug program met their goal of 96 case consults. There is ongoing consultation with various agencies and schools and joint consultations with the Tri-County CADA. The speakers forum has not been implemented because it was a low priority item.

Numerous C&E programs have been provided by different components to civic groups, garden clubs, ministers and special interest groups.

The 2 consultation goals for Calhoun County — the interprofessional group and the general plan of operation goals have been met.

G. Pastoral Services:

Consultation and support group goals for the Orangeburg Area ministers have been met. Pastoral services has provided speakers, lectures to civic and service groups, churches, schools, and extended workshops to surpass the goal of 20 set by the plan of operation.

IV. Summary

Fiscal year 1977-78 was a year of change for the clinic. This was a year of preparation for converting to a mental health center and many of the staff's efforts were devoted to carrying out this change with as little interruption in the provision of services as possible. It has been a year of growth — probably the most significant in the clinic's history — and this growth should result in the provision of more quality services for the people of this catchment area.

PEE DEE MENTAL HEALTH CENTER

Change is the key word for this year, and *growth* is its solid underpinning. The Board of Directors has changed and rapidly moved in the direction of becoming representative of the population we serve. Its membership has been expanded to 15 and now meets monthly throughout the year. Select Board members have actively participated in Board training activities and Primary Prevention workshops.

Our headquarters building, built in 1960, is in the process of being renovated and substantially enlarged with contributions from area industries and individuals along with a 90% federal match, just under \$100,000 total. It will be barrier-free, provide five additional offices and an all-weather activity room with storage capacity and a separate secure area for drugs storage. The renovations will make for a better pattern of business offices and traffic flow, with attractive prominence of the cashier window at the intersection of both client service corridors. Beyond this there has been long-range planning about how to house some of our other Center functions more efficiently and possibly more economically.

Business office management vastly improved in leadership, systems and staffing. Hence quickly able to come into compliance after business audit and focus on more specific medical records management. The Operating Budget included: Federal \$441,243; State \$202,000; Local \$107,251; Collections \$153,000; for a total of \$903,494. The securing of additional Federal dollars made it possible to add new staff to the C & E Services; Child, Adolescent, Family Unit; Aftercare and Adult Outpatient. Some special equipment was also selected to further staff efforts.

Service Changes:

Public Relations & Public Information: The Board/Staff committee has doubled the amount of activity in this area with excellent coverage in the media.

Emergency: Court assistance and local emergency room activities have increased.

Day Treatment: Developed an afternoon Daily Living client service.

Aftercare & Precare: Precare arrangements were made solid and regular with McLeod Annex. Our Precare and related services enabled us in this FY to reduce both the number of admissions to the State Hospitals and also the number of residents from our catchment area in them.

Inpatient: Quiet room has been completed to the satisfaction of all. We experienced a lower than desirable census on the 8 bed unit.

Outpatient: Some staff changes have occurred to revise the organizational structure. Two outreach efforts located professional services in the communities of Lamar and Darlington.

Sexual Assault: A community liaison group was initiated and a 24 hour treatment team started providing services to victims and family members.

Aging: Completed community seminars to develop and promote community involvement.

Child, Adolescent, Family: Continues to show growth in the number of clients and families served.

Skills levels of staff have increased greatly, and the Staff Development Committee has put professional growth on a very solid base, starting with an excellent in-Center orientation for new employees.

Program Evaluation efforts of Consumer Satisfaction Surveys, review of the MIS data, clarification of Quality Assurance, Utilization Review, etc. have brought a more concrete process to management decision making activities. Center and Service Objectives were more measurable this year and we achieved approximately 70% of the objectives that were established. We look forward to a higher degree of achievement next year.

SANTEE-WATEREE MENTAL HEALTH CENTER

The Santee-Wateree Mental Health Center has continued to strive toward offering quality services to its catchment area over this past year. The trend of tightening constraints has continued and the demands for greater accountability, personnel attrition, more stringent criteria of third party payors and the inflationary effects on budget have required a greater amount of staff attention, making it difficult to maintain levels of service. While this Center remains in sound financial condition, it has been more difficult to maintain that status.

The basic structure of the service delivery system remains unchanged from the reorganization accomplished the previous year. This design is seen as sound and offers a capability to deliver the twelve required services. Attention has been given over this past year to refining this delivery system and giving increased attention to other requirements, e.g. a quality assurance network, program evaluation, Citizens' Advisory Council, etc.

The Board of Directors has traditionally been an active, involved group, representing the catchment area. The Board has continued to effect its rotation, adding several strong, interested new members. The Board also initiated a highly successful training program for remaining and new members, members of the Citizens' Advisory Council and representatives of the Mental Health Associations.

The Children's Services has continued to be an active program, achieving a greater degree of involvement with the community, specifically schools. The Services to the Elderly has taken a community approach and has developed well over the past year. Task Forces on the Elderly are now in place in three of the four counties. A concentrated effort has been made to increase coordination with various Councils on Aging. Consultation, Education and Prevention Services has developed in a more formalized, structured way, giving a greater capacity to determine priorities and to focus staff effort in the program. Rape Prevention Services has focused on sensitizing the communities on the issues involved with rape, having developed a highly successful program. Outpatient Services has given concentrated attention to the disposition process, development of problem oriented records and appropriate treatment plans. There has been improvement in the tracking of patients in an aftercare status and strengthening of the liaison functions with central facilities. Transitional Living Services did not develop as anticipated and because of funding constraints, this program in its original design was phased out. This service will be redesigned to accomplish its purpose within the limitations of current staff and budget.

In addition to the development and refinement of direct and indirect services, the Center has strengthened its use of volunteers, assigning appropriate tasks to them under supervision and increasing in-service opportunities for them. These persons who give generously of their time are an asset to the Center. Staff skill development has also been a focus and systems were developed to give added training. Training of students is also a commitment and over the past year, graduate Social Work, Occupational Therapy and Psychiatric interns have been placed with the Center.

It is impossible to do more than touch on the highlights of the achievements of this past year. It has been an active, demanding year with its rewards and frustrations. The staff remains cohesive, dedicated to its mission of caring for persons under emotional stress. The Center looks forward to continuing to offer a sensitive, responsive program to the population of its catchment area.

SOUTH GREENVILLE MENTAL HEALTH CENTER

The South Greenville Mental Health Center received an initial operations grant from the National Institute of Mental Health September 1, 1977. This grant made it possible for the South Greenville Mental Health Center to become the fifteenth community facility of the South Carolina Department of Mental Health. The new Center began immediately to recruit personnel and develop comprehensive mental

health services for the 95,000 residents of the South Greenville Catchment Area.

A director was appointed and a nucleus of staff transferred from the Greenville Mental Health Center staff to initiate the program. During the year the staff reached the present total of twenty-five which includes, two full-time psychiatrists to provide medical-psychiatric coverage for both Center locations. The Center offices are located in Simpsonville and Greer. Both locations are full-time operations.

The Center Board is composed of twelve citizens from the catchment area. The Board has participated in state and regional training opportunities and has been actively involved in the development of the program.

The South Greenville Center began operation from the basement of a laundry in Simpsonville and the present location in Greer. A new and attractive facility was leased for Simpsonville. The building was completed and occupied February 1, 1978 but furnishings arrived much later. The Center was honored to have United States Senator Ernest F. Hollings and State Mental Health Commissioner, Dr. William S. Hall, assist in the official opening and program dedication held at the Simpsonville Office on May 30, 1978. An open house followed the formal ceremonies.

The program development of the Center is progressing well. A well staffed and active outpatient service is functioning in Greer and Simpsonville. These programs provide services for both adults and children and adolescents. The strong community support and visibility of the Center have resulted in a tremendous growth in the volume of outpatient services provided.

The precare screening and emergency services have been developed. The South Greenville Mental Health Center has contracted with the Greenville Mental Health Center to expand and strengthen the Greenville Crisis Intervention Service to serve both catchment areas of the county. Precaire screening services are offered at both Greer and Simpsonville. Also, the two psychiatrists of the Center serve with other community psychiatrists on call to the Greenville Hospital System Emergency Room.

Local inpatient services are provided through a contract with the Marshall I. Pickens Hospital which is a sixty-eight bed psychiatric inpatient facility and the only inpatient unit in the county for emotionally ill patients.

Partial hospitalization is still in the planning stages. Implementation is expected by December 1, 1978. Until then patients will be served by other modalities.

Follow-up aftercare services are operational. The Center has a liaison with all state institutions and provides individual, group and family counseling for aftercare patients and their families. Home visits are made as needed. A great deal of community support has made this service a success. Socialization groups are held in two churches in Greer with volunteers from the churches and other community groups participating with staff to provide the services. Such groups and activities are also held in the Simpsonville Center. Patients placed in transitional living arrangements are usually served in the aftercare programs. The Center utilizes local boarding homes, nursing homes, retirement centers and foster homes for placements of patients in transitional care.

Addictions services are evolving. The Center works closely with Morris Village, the Greenville County Detox Center, Information Center on Alcoholism and Drug Abuse, the Bonner Kidd Home, Holmesview Center and other local resources for substance abusers. Direct outpatient treatment is provided for abusers. A Task Force on Alcoholism sponsored by the Center with tremendous community support is planning a more active and comprehensive approach to the problem in Greer.

There are four nursing homes in the Catchment area. The Center already has contracts with two of these facilities to provide treatment services to their patients and consultation to staffs. Contracts are being negotiated with the other two nursing homes. The Center also works with local Senior Action groups to reach the elderly in the area.

Two Center staff members serve in a consulting and training capacity with Rape Crisis Council of Greenville. This also facilitates referrals from one agency to another. The Center is also planning other services in the general area of sexual abuse.

Consultation and Education Services is one of the most active programs of the Center. The Center has consultation and education programs involved with schools, nursing homes, addictions facilities and most of the social and health agencies in the area. Contracts are pending with the Piedmont Health Care Corporation (HMO) and several other local agencies. A contractual agreement was recently completed and implemented with the Greenville County Detention Center to provide consultation to the staff there and diagnostic and treatment services to inmates. Also, the Center has a contract with the State Department of Corrections to provide group therapy in two area state correctional facilities.

In summary, the program development and staff recruitment has progressed well. The community support has been outstanding. As a new fiscal year begins, there are several needs. Additional office space

for Greer is desperately needed. Staff needs include: an activities therapist for day treatment, psychologists and social workers for outpatient care and an additional psychiatrist to assist with local inpatient care. The Board and Staff will continue to plan and implement programs in accordance to the needs assessment and then move toward program evaluation as well. The Staff and Board looks forward to the continued enjoyment of working with the communities to develop and provide the needed mental health services.

SPARTANBURG AREA MENTAL HEALTH CENTER

Fiscal 1978 has been a year of significant development and growth for the center. With the hiring of a psychiatrist director at the beginning of the fiscal year, and a 25% increase in clinical staff, new leadership and personnel expansion gave renewed impetus to center activities. The twelve comprehensive services as well as significant supplemental programs have now been developed, refined and effectively implemented to ensure optimum availability and quality of service to consumers in the catchment area. Several service elements are particularly worthy of mention.

Aftercare services continue to expand in terms of consumers served and activities provided. Of recent development is an effective interface with the partial hospitalization unit which provides special creative and socialization activities for aftercare clients. Effectiveness of this and other programs developed through the combined efforts of the Aftercare and Transitional care staff, is evidenced in the fact that re-admissions to the state hospital from the catchment area have been reduced by 18% during the past fiscal year.

Consultation and education activities have continued to expand and focus on primary prevention. During fiscal 1978, over 10,000 contacts in the catchment area have been made as a result of the organization and development of this service.

The children and youth service as well as the geriatrics service have been well conceptualized and organizational strength is evidenced. A number of outreach programs have been developed in each service thus furthering the accessibility and effectiveness of service delivery to those who would not otherwise be able to receive services. Of particular note are services to the Children's Shelter and outreach to area nursing homes.

While there may be conflicting opinions relative to the "progress" of such a decision, the center has initiated a trial project in closing partial hospitalization from midnight each Friday night until 8:00 A.M. Monday morning. Weekend crisis intervention is handled by utilizing a beeper system so that persons on call may respond immediately to

emergency needs. Provision is also made for meeting the client at the center should this be necessary. This rationale for decision is predicated on the need to reduce costs of operation. Since the actual weekend utilization rate for partial hospitalization has been relatively low, this project should provide for more effective utilization of staff time since more staff will be available during regular center hours.

The screening staff has been expanded and more efficient systems for client entry into center services has been implemented. This provides for more effective crisis intervention and emergency treatment.

Substance abuse services continue to function extremely well and the center has received a high level of support from law enforcement officials because of the jail program undertaken by the substance abuse team. Through the efforts of this team and in cooperation with other agencies who deal with this problem, alcohol related arrests in Spartanburg County have been reduced by 24%. Attendance at center AA meetings continues to increase as clients are led to recognize their substance abuse problem and self-motivation is fostered.

A newly opened transitional care home has been achievement of the primary goal of the transitional care service staff. The building has the capacity of housing 10 persons for two to six months upon their return to the community from state psychiatric facilities. The home provides an atmosphere which fosters integration back into the community through life skills development, job placement assistance and appropriate psychotherapeutic support.

There are several other areas of significant progress in the general operation of the center. Of particular importance is the progress that has been made in the development of the quality assurance program. While somewhat embryonic in functional level, the overall program is well structured and defined in progress in implementation is made each week. As a component of Quality Assurance, a great deal of time and effort has been expended in the development of center policy, procedure and standards of operation. Significant progress in the development of documentary tools has been made and completion is targeted for the early part of fiscal 1979.

Definite concern over the wisest utilization of limited in-service training resources has resulted in a well defined, goal oriented in-service program. This is designed to promote the high quality of center service through the upgrading of clinical and managerial skills through education while fostering personal growth and expanded knowledge for the individual.

Volunteers are seen as a valuable center resource and to this end, a well designed volunteer program has been developed and initiated. It is believed that this will result in better training and thus more effective

utilization of a larger number of volunteer staff, thus enhancing clinical care for the consumer.

The center continues to make significant progress in administrative and management responsibilities. The condition of the medical records has markedly improved as policies and procedures have been implemented relative to management of records and to protection of consumer rights. The center has begun to receive useful data from the MIS which will be an effective tool in planning as well as an aid in reporting center activity. A client advocate has been hired to assess appropriate means of payment for each client entering the system and clients have expressed satisfaction in the manner with which payment for services is now handled. Billing and collection procedures remain under constant review and continuous efforts have been made to refine the accounting systems. Write off procedures have been developed and will be fully implemented on July 1, 1978. This will give the center a more accurate appraisal of fee income status. In an effort to reduce major repair costs by prevention and early detection, a maintenance mechanic has been hired to oversee all aspects of building and equipment maintenance. A major expense in refoofing has already been prevented by the utilization of this individual's skills.

The satellite facilities are functioning very well although there is still some concern about staffing shortages in Union. The Cherokee satellite is quite well staffed now and has received high commendation from the local community for services performed.

The center's visibility to the service community is increasing by effective linkages with other service providers relative to client needs and provider needs. This is evidenced by the positive response of community representatives when interviewed at the last site visit.

The center staff, while recognizing that there are goals yet to be achieved, feels justifiably proud of its accomplishments. The staff displays a high level of enthusiasm and continues to strive for better ways to provide the highest quality of care possible to meet the needs of mental health service consumers in the catchment area.

TRI-COUNTY MENTAL HEALTH CENTER

Fiscal year 1977-78 has been extremely productive for the Tri-County Mental Health Center. It has been characterized by frequent examination and refinement of services, Center policies and procedures, and community/consumer goals and objectives. A few of the year in review highlights are as follows:

1. Staff involvement in an extensive mental health needs assessment of the three county area. Said needs assessment included, 1) social area analysis, 2) interagency network analysis, 3) field surveys, and 4) exami-

nation of rates under treatment or consumer utilization data. Convergence analysis of data collected revealed that between 9.1% and 36.1% of the catchment area population has a high potential need for mental health services.

II. By virtue of the aforementioned need to expand services, the Tri-County Mental Health Center Administrative Board and Staff developed a Comprehensive Community Mental Health Center Initial Operations Grant Application. With the advent of funding, mandatory services will be phased in over a period of two years.

III. Refinement of Fiscal Management Policies and Procedures resulted in perfect internal audit in February, 1978.

IV. Development and implementation of problem-oriented Consumer Records Manual and Quality Assurance Review mechanisms.

V. Only Center to participate actively in Phase I of Title XX programs. Although Title XX has not been a revenue generating program, it has assisted the Center in meeting financial obligations by providing staff to address the treatment demands of area consumers.

VI. Consultation and Education Programming adopted Primary Prevention Orientation.

- A) Local radio stations and newspapers carried informative broadcasts/articles relating to child development and family living experiences.
- B) Tri-County Staff trained in Red Cross first aid activities.
- C) Workshops to help boarding home operators plan activities for their residents were held in conjunction with S. C. State Hospital personnel.
- D) "Understanding Children's Behavior and Misbehavior" Workshop held for Marlboro County Title I Parent Advisory Council.
- E) "The Practical Pastoral Approach in Family Counseling" Workshop for area ministers.
- F) Alternate Care/Day Care Program participation in County Arts & Crafts Festivals.
- G) Several workshops geared toward coping with stress, the single parent family, dealing with depression, death and dying, etc. were presented for interested community groups.

VII. Direct Service Provision:

In addition to the aforementioned activities that improved the visibility, accessibility, and quality of services at the Tri-County Mental Health Center, the Tri-County MHC experienced an increase in direct treatment admissions; a 39.7% increase in active caseloads, and 54.8% increase in consumer contacts (increased utilization of services).

Local admissions to state inpatient facilities decreased by 1.22% and resident populations at state facilities decreased 18.37%.

The aforementioned statistics illustrate the increased demand for direct services. The dedicated staff of the Tri-County Mental Health Center responded by:

- A) Developing weekly Group Socialization/Group Activities Programs for boarding home residents, elderly clientele, and after care clients that needed assistance to cope with social isolation, withdrawal, communications difficulty and/or a host of other daily living activities that tend to be stress producing for particular individuals.
- B) Continued utilization of group therapy, marital therapy, and family counseling approaches.
- C) Children's services continued to experience high utilization rates (60.3% increase FY 1977-78).
 - 1) Summer Day Camp program expanded to include more children. The program was sponsored by the Chesterfield and Marlboro County Mental Health Associations.
- D) Elderly clientele seeking treatment increased 9.3% during FY 1977-78.
- E) Alternate Care/Day Care, and Alcohol and Drug Abuse Treatment Programs expanded.

In essence, FY 1977-78 has been an extremely busy year for the Tri-County MHC Administrative Board, Staff, and clients. Moreover, we look toward FY 1978-79 with increased dedication for the provision of cost effective/quality mental health services.

THE WACCAMAW CENTER FOR MENTAL HEALTH

Growth and development have been the keystones for all staff of The Waccamaw Center during the past year as a result of writing, and successfully defending, our Operations Grant. It is unfortunate that, while approved, we are currently in an unfunded status; however, there is every indication that monies will be forthcoming.

As a result of fiscal concerns, growth — in its usual application to Mental Health Centers — has been stalled. Due to innovative leadership and creative staff, however, this Center chose to use this year in a relatively untapped area of growth. Through these efforts we have developed extensive systems for protecting patient's rights; assuring quality delivery of services; developing problem-oriented records; strengthening our feedback system to the medical community and local agencies; initiating peer review and quality assurance methods; and beefing-up our fee collection processes while looking at programs in a cost effective light. All of this undertaken while continuing to provide direct services at an increasingly demanding rate in all five offices (Conway, Georgetown, Kingstree and two offices in Myrtle Beach).

These include delivery of a full complement of outpatient services; diagnostic and evaluation services; medical-psychiatric evaluation; medication treatment; marriage, family and individual counseling; precare/aftercare services; group therapy; day care activities; a sheltered living program; emergency services; et al.

In addition, alcohol and drug addiction activities have continued to increase both in terms of evaluation and counseling services and community consultation/education efforts. The Center has also continued to develop in the area of diagnostic and evaluation programs and services directed at the children and youth of the catchment area.

Consultation and education services have been further developed through the extensive use of "Memoranda of Agreement" between our agency and local community bodies of every description. In this vein we have also developed a small outreach program with a local hospital in our catchment area in which, heretofore, we had minimal contact, primarily as a result of its location. C & E in this Center will continue to be an area of intense interest and plans are afoot to develop both the impact and the fiscal potential inherent in this program.

The Waccamaw Center, through strong administrative leadership and creativity of staff, has met the challenge of continual growth and development despite budgetary constrictions and will continue to do so in future months.

C. M. TUCKER JR. HUMAN RESOURCES CENTER

FACILITY REPORT

Tucker Center has completed another successful year by continuing to provide the highest quality of long term care services for patients of the South Carolina Department of Mental Health. The Center remains certified for one hundred skilled nursing beds and two hundred intermediate care beds by the South Carolina Department of Health and Environmental Control and has received a two year accreditation extension by the Long Term Care Council of The Joint Commission on Accreditation of Hospitals.

The Professional Services components of the Center, in its second year with the services of a full-time Director of Professional Services, is continuing to operate very successfully. The Professional Services staff has been upgraded and improved in keeping with the theme of providing the highest quality of health care possible. In keeping with this theme, a Speech and Hearing Specialist was obtained in order to provide a wider range of needed services to Tucker Center patients.

The Administrative Services areas have continued to operate well during the year. Services in this area have been improved with the

addition of temporary help in Housekeeping and Food Service. Food Service has also been improved with the addition of a full-time registered Dietitian.

A major improvement in Administrative Services this year was the addition of a Security Division. This division became fully operable with a staff of one Sergeant and five officers.

ADMINISTRATIVE SERVICES

Fiscal year 1977-1978 was a year of continuing to improve support of Professional Services by the Administrative Services components of Tucker Center. Considerable time was spent effecting changes in these components with the goal of improving services to Tucker Center patients. Budget preparation, expenditures and reimbursement review, and monitoring of personnel actions have continued throughout the year to insure that the facility operation remained in conformity with Department of Mental Health procedures.

FOOD SERVICE

The Food Service program at Tucker Center was improved during the fiscal year 1977-1978 in two aspects.

First, the Center was successful in obtaining the services of a full-time, registered Dietitian to head up the Food Service program. The result has been improvement in providing better dietetic services to Tucker Center patients.

Secondly, the Food Service purchased six new food carts during the year. These new food carts have increased the efficiency and sanitation of providing on-ward feeding of patients.

The Food Service program received good reports during JCAH and DHEC certification and licensure inspections.

MAINTENANCE AND ENGINEERING

The Maintenance and Engineering unit of Tucker Center has continued to operate successfully during 1977-1978. The unit basically operated in two categories — continuous maintenance of buildings and grounds and new improvements to the physical plant. The painting program at Tucker Center is progressing satisfactorily with most of the focus being on the interior of the Fewell Pavilion. The Engineering and Planning Department of the Department of Mental Health is in the process of selecting colors and fabrics for the interior decoration of the Stone Pavilion. Other general maintenance work on buildings and grounds has proceeded well during the year.

Improvements to the facility during the year by the Maintenance and Engineering staff included the installation of five new fly screens. Door bells were installed on all six wards of Tucker Center. The pest and rodent control program is being provided by this section on an on-going basis.

SUPPLY AND SERVICES

During fiscal year 1977-1978 the Supply and Services branch has continued to provide the necessary support to operate Tucker Center in an excellent manner. The services provided by this branch have been improved by the addition of one permanent and five temporary staff members.

Continuing education for housekeeping supervisory personnel was a priority item in the Supply and Services branch. In addition to monthly training sessions for all housekeeping personnel, three housekeepers and one laundry worker attended a one day seminar at Williams Brice Stadium, University of South Carolina.

A new one-ton Ford truck with a van body was purchased and put into service in May, 1978. This vehicle, which replaced a 1971 Ford van, will serve as the Center supply truck.

Other new equipment purchased during the year included two high-speed buffers, two high performance wet and dry vacuum cleaners and eight custodial carts. All equipment, supplies and materials used are constantly evaluated in an effort to improve the environment of the Center.

REGISTRAR SERVICE

There were no major changes in the Registrar Service during the fiscal year 1977-1978. However, emphasis was placed on improving efficiency in existing methods, resulting in improvement of services.

During the year, employees attended a number of work related seminars and workshops in order to keep apprised of requirements in medical records by the various state and federal agencies.

A total of 95 admissions were recorded with 79 discharges and deaths during 1977-1978. A total of 97,387 patients days were recorded with an average daily census of 266.

SECURITY SERVICE

In April, 1978 the desire to have an on-campus Security Service became a reality. The Security Service was staffed with one Sergeant and five officers and became fully functional at the close of the fiscal year.

It is the goal of this service to help make Tucker Center a more pleasant and safe place to work and live for employees and patients.

PROFESSIONAL SERVICES

Fiscal year 1977-1978 is the second year Tucker Center has functioned with the services of a full-time Director of Professional Services and the first year that the Center has had a Medical Section Chief, who is an assistant to the Director of Professional Services. The Director of Professional Services directs a health care plan and treatment program with high standards for the very best in patient care. Medical Services is staffed by three full-time physicians and a board certified Psychiatrist-Consultant in addition to other consulting specialties available from other facilities of the Department of Mental Health. On-campus Professional Services components include Nursing Service, Physical Therapy, Occupational Therapy, Activities Therapy, Social Service, Chaplaincy, Volunteer Services, and Speech and Hearing.

A PSRO Coordinator was employed at Tucker Center in October, 1977. The PSRO Coordinator carries out the medical audit program within the facility and participates in the screening of new admissions. The result has been in improved quality of care provided for the patients of Tucker Center.

A major addition accomplished in Professional Services occurred late in the fiscal year with the hiring of a Speech and Hearing Specialist. These services are now available to Tucker Center patients in need of them. This program, although new, has progressed nicely and will surely prove of great benefit to our patients. Another change that has occurred during the year has been the replacement of our Clinical Social Worker with a Clinical Social Worker Consultant as per recommendation of the South Carolina Department of Health and Environmental Control. The Chief of Occupational Therapy resigned from her position at Tucker Center and a replacement is being sought. During the time of looking for a replacement, Occupational Therapy personnel are under the supervision of the Activity Therapy Department.

NURSING SERVICE

The nursing staff has been actively involved in the Quality Assurance Program. This program completed several goal achievement audits through patient care studies.

During the year Tucker Center was able to screen 170 patients as to unusual difficulties. This was a joint effort with the South Carolina Commission for the Blind. Patients requiring treatment were referred to Eye Clinic.

Major equipment purchases during the year included: Park-Davis medication carts, overbed tables, bed scales, and water mattresses.

New programs initiated included: (1) The orientation for R.N.'s and LPN's was revised to include rotation to all wards during the first six weeks of employment. (2) A contract between Richland District #1 Practical Nursing Program and Tucker Center was signed for P.N. students to receive gerontological and psychiatric clinical experience at Tucker Center. (3) Classes in Prevention and Management of Aggressive Behavior was initiated with help of SCDMH Staff Development. To date 100 employees have completed the course.

ACTIVITY THERAPY SERVICE

During the fiscal year 1977-1978 the Activity Therapy Department established a new referral and evaluation system. The forms used in this system have enabled them to be more aware of where our patients are and what is needed to improve the therapy activities for their benefit. In order to improve the patient's involvement in off-campus activities, four employees received their busdriver's license during the year.

In order to improve the amount of services provided for patients, two new employees were hired and one Activity Therapy I position was created and filled during the year. The leadership of this department was also changed this year with the hiring of an Activity Therapy Coordinator to supervise the program.

Large group activities and most small group activities continued on a regular basis this year. It is the plan of this department to expand recreational programs both on and off campus so that they may be bigger and better during the coming year. It is hoped that this expansion will help familiarize the patients of Tucker Center with their surrounding community and afford them the opportunity of more activity programs.

OCCUPATIONAL THERAPY

During the fiscal year 1977-1978 Tucker Center lost the services of its Occupational Therapist. Currently the activities of this department are under the supervision of Activity Therapy. Under Activity Therapy some activities of the Occupational Therapy Department are being carried out such as activities of daily living, group activities and arts and crafts. This department does continue to operate but at a reduced level than would be expected under the guidance of a registered or licensed Occupational Therapist. Tucker Center hopes to obtain the services of a registered Occupational Therapist very soon and once again this program will be able to operate at its maximum and provide the necessary services to our patients.

PASTORAL CARE

Pastoral Care has continued to grow this year and additional services have been in the following areas: A Recreational Therapy Aide was employed who brought not only new musical programs to Tucker Center but also has given the Chaplain much needed assistance. Pastoral Care began a monthly Mass for Catholic patients in September, 1977. This was a much appreciated and needed service. Pastoral Care conducted its first full Christmas program this year which included four Sundays of worship, Christmas caroling and a patient nativity play. Pastoral Care recorded a record number of ward visits and counseling sessions with 1,762 visits being recorded. In addition to seeing that all patients received all the religious or self-help reading materials they wanted, Bibles were placed in all lounges for patients and their families to use. Pastoral Care also developed a system whereby needy patients could get help from the church community.

With the help of patients and staff the new hymnal was completed this year and is now in use. A special Father's Day program was provided this year involving a special worship service, family picnic and visitation, a special musical program and Father's Day awards for patients.

Regularly scheduled formal Sunday worship services were supplemented throughout the year with special programs, particularly at Easter, Mother's Day, Thanksgiving, and Christmas. Additional special large group religious activities were planned and conducted by the Chaplain.

PHYSICAL THERAPY

Activity for the fiscal year 1977-1978 was greater than for the past several years. Although fewer patients at Tucker Center received physical therapy, more treatments were performed. A total of 3,593 treatments were given this past fiscal year in comparison to 3,126 treatments in the previous fiscal year. Patient turnover was at its highest this year with 72 referrals and 65 discharges. About 90% of the patients receiving physical therapy are seen on a daily basis for one to three months. The majority of the patient load continued to be stroke victims and patients with orthopedic problems.

Two major pieces of equipment were purchased for the Physical Therapy Department during this year. In September, 1977 a metal locker for storage of personal belongings and physical therapy supplies was purchased. In June, 1978 a Rich-Mar VI-H.V. machine was purchased. This piece of equipment is capable of providing high voltage galvanic electrical stimulation and ultra sound either isolated or in combination with the electrical stimulation. With the addition of new

equipment there has been an increase in the percentage of patients with decubitus ulcers receiving physical therapy.

SOCIAL SERVICES

The only major change in the Social Services Department during this fiscal year resulted from the loss of the Clinical Social Worker who resigned in September, 1977. As a result of this resignation the South Carolina Department of Health and Environmental Control recommended that a Social Work Consultant be provided for the skilled nursing unit. This request has been complied with and the Consulting Social Worker now meets with the Social Worker of this unit on a regular basis.

In an effort to better coordinate the social service programs in the Fewell and Stone Pavilions, Social Workers have begun having monthly social service meetings. Both Social Workers are now responsible for certain material in each patient's hanging chart. This material includes admission notes, social history, quarterly progress notes, annual progress notes, and social service summaries. The PSRO Coordinator began assuming much of the responsibility for pre-admission screening with Social Service providing back-up services as necessary. This has enabled the staff to devote much more time to providing direct services to patients and families resulting in a greater in-depth involvement in their respective caseloads.

Both Social Workers have continued their professional development through in-service training and participation in workshops and programs sponsored by the South Carolina Department of Mental Health and other agencies. This has resulted in our Social Workers being more up-to-date and aware of trends within the profession.

VOLUNTEER SERVICES

During this fiscal year volunteers have worked in Recreational Therapy with arts and crafts, sing-alongs, and socialization groups in addition to the areas in which they normally participate. We have also had volunteers visiting with residents on a one-to-one basis, small group visitation and large group activities. During the 77-78 fiscal year we had 27 individual volunteers and three groups. Individual volunteers gave a total of 1,097 volunteer hours and groups gave a total of 92 volunteer hours. There were 74 special activities and parties hosted by volunteers at Tucker Center this year.

In addition to being present at all parties and group activities the Chief of Volunteer Services spent time with all individual volunteers

when they were present. Monthly birthday parties were also held and a Volunteer Newsletter was published.

The Chief of the Volunteer Services participated in various workshops during the year including a volunteer workshop in October and the Mental Health Association Annual Workshop in Volunteerism in March.

SPEECH AND HEARING SERVICES

Speech and Hearing Services at Tucker Center were initiated in June of this year. Previously, Tucker Center had no speech pathology-audiology program.

Speech therapy materials have been ordered and are being put into use as they are received. Evaluation procedures have begun and to date twenty patients have been referred for speech and/or language testing. Problems evident thus far have substantiated the real need for this program at Tucker Center.

Tucker Center has secured the use of the audiological equipment at Byrnes Clinical Center for hearing evaluation of Tucker Center patients. Speech and hearing services will be available to South Carolina State Hospital upon request.

During the coming year this program should become fully functional and be of great benefit to those patients at Tucker Center who are in need of this service.

MORRIS VILLAGE

OFFICE OF THE DIRECTOR

During the period of this report, Morris Village's full-time Director left the department to accept other employment. Under the leadership of the Acting Director, the Village continues to provide quality treatment services for substance abusers from throughout the state.

Admissions continue at the rate of 120 to 130 per month with referrals coming from a wide range of services. The majority of referrals continue to come from the local Commissions on Alcohol and Drug Abuse and Community Mental Health Centers.

Cooperation with both statewide and local alcohol and drug agencies continues to improve, and cooperative conferences, workshops and other training have been and are being planned.

The professional staff at Morris Village is continually reviewing present programs with the intent of improving treatment services. The Young Adult Program staff is currently involved in an intensive program

review to improve services in that component. Phase II staff is also currently reviewing its program and is considering program modifications. Finally, the entire treatment staff is involved in an on-going review of treatment planning and the review process with the goal of improved direct services to residents. Significant gains have been accomplished in the quality of Medical Records, and an on-going review of current and past records continues.

The commitment of both professional and support services staff at the Village to quality treatment services for residents continues to be outstanding and commitment to the continual improvement of these services is particularly noteworthy.

PROGRAM DEVELOPMENT AND TRAINING MANAGEMENT

This has been a year of growth in the quality of services and the methods of delivery of these services to the residents of Morris Village. The Office of Program Development and Training Management acting in conjunction with Morris Village staff is engaged continually in the review and evaluation of the treatment program.

The delivery of treatment to residents at Morris Village is accomplished through a program consisting of four parts (Phase I, Phase II, Phase III, Young Adult Program). Phase I is the admissions phase lasting from two to seven days and is primarily concerned with medical processing, orientation to the Village and screening by the Triage team. From Phase I residents may be referred to either one of the other three programs. If the resident is 19 years old or younger, he will be referred to the Young Adult Program. If the resident is in need of further intensive care, he is referred to Phase II which lasts, normally, for two weeks. Here he will receive didactic classes, daily group therapy and constant contact with staff. One purpose of Phase II is to assist the resident in treatment goal definition. At the end of Phase II the resident is either discharged or referred to Phase III. Because of the unique characteristics of Phase II and the Young Adult Program, each has a treatment team that is concerned primarily with that program. Phase III is the treatment phase through which treatment services are provided to the majority of the residents. Residents may be referred to Phase III directly from Phase I or after Phase II. On entering Phase III, a resident will be assigned to one of the three Phase III Treatment Teams. Here he will again be staffed for treatment planning which includes setting treatment goals and also the length of treatment. The length of treatment in Phase III normally runs from four to eight weeks.

During the course of program review several needs were identified. To meet those needs the Special Emphasis Program was initiated. The

Special Emphasis Program is a rotating program of special offerings to the Phase III residents. Staff from all disciplines are invited to offer activities for which they have particular interests and abilities. Some of the offerings have been: Solving Emotional Problems, an RET group; That Whole Family Mess, a family dynamics group; Personal & Social Skills training; Archery and Boomerang; a Basketball clinic; Creative Writing; Cross Stitch; The Women's Education Series, a women's group; Men's Group; Consumer Survival Kit; Beginning Tennis; Leisure Counseling; and Relaxation Training. In conjunction with the Special Emphasis Program, a lecture series has been initiated to provide residents with a didactic series focusing on the effects of addictions and related areas.

Program Development and Training Management staff have been involved with the ongoing medical records review and revision. This is part of the continuing work toward increasing the usefulness of the medical records and toward preparing for the accreditation survey.

This office has assumed responsibility for Primary Prevention at Morris Village. Significant work has already been done and plans are being made to establish a continuing Primary Prevention Program for all Morris Village staff.

TRAINING MANAGEMENT

Morris Village staff have continued to be actively involved in a variety of training experiences, both as participants and as leaders.

The training experiences provided at Morris Village include: Basic Gestalt, Gestalt Awareness for Professionals, Basic Transactional Analysis, Rational Emotive Therapy, Basic Reality Therapy, Sexual Attitude Reassessment, Legal Issues in Treatment Series, Media Utilization workshops, Singer Career Systems training (VR), Medical Records Orientation, and Introduction to Psychological Services at Morris Village.

Combining training experiences with Primary Prevention concepts, a Secretary's group entitled Telephones, Typing and Trash was conducted and is continuing as an on-going group. The training function also includes periodic New Staff Orientation classes which serve to facilitate new staff integration into the Village, to provide a vehicle for new staff feedback and concerns as well as providing necessary information about the operations at Morris Village.

In addition, staff have participated in a wide variety of training experiences offered through the SCDMH Staff Development Program, the SC School of Alcohol & Drug Studies, and other private sector organizations. Training in Couples Therapy, Psychodrama, Family Therapy,

Women in Treatment and other areas has been attended by Morris Village staff.

During this year the Office of Program Development and Training Management has worked closely with the SCDMH Staff Development Program to coordinate training for Morris Village staff and to establish a useable record system on training accomplished by all staff members. Now Morris Village staff has available records of all training attended. This has proven beneficial to staff or personal use, for in-house credentialing and for meeting credentialing standards set by professional organizations.

MEDIA CENTER

The Morris Village Media Center is designed to provide media production and consultation in the areas of therapy training and education. Its primary objective is to support Morris Village, but it also provides services to other agencies in the Department, to Community Mental Health Centers, the Commission on Alcohol and Drug Abuse and other state agencies. Staff for technical support and production related to these services include a Media Director, Audio Visual/Graphics specialist and a media production specialist.

The Media Center has the capability to produce slide/tape shows, color and black/white video presentations, original audio recordings, black/white photography, brochures and graphic displays. The Media Center equipment includes a complete three camera color video tape system.

The Media Center is involved in training of staff and other professionals throughout the state relative to treatment of chemical addiction. The video equipment is utilized for the production of training tapes for the professionals and paraprofessionals, for the supervision of individual and group therapists, and for the dissemination of information. Group therapy tapings are scheduled both mornings and afternoons, and the center averages taping approximately three groups per week.

An extensive video-tape and audio-tape library has been made available to staff and other professionals in the field of chemical abuse and health related areas. Also, Media Center Workshops are held every six months to familiarize staff with the capabilities of and ways in which to best utilize the Media Center.

Established in conjunction with the University of South Carolina Center for Media Arts is a graduate student intern program. Students (about three per semester) spend twelve hours per week in training at the Center.

Because of the demand placed on Morris Village for information on the addiction center a new brochure/information package has been produced and is used at conferences, workshops and for community affairs.

LIBRARY AND VOLUNTEER SERVICES

Library

The Morris Village library is staffed by a full-time librarian/volunteer coordinator. Since last year the library has expanded its general reading collection. The library encourages both residents and staff to check out books and journals. With the help of a therapist and the librarian, residents are encouraged to read self-help books that tie in with their treatment program. Current newspapers and magazines, and therapeutic videotapes are available for use in the library. The Morris Village library participates in the SCDMH inter-library loan program whereby books and journals can be borrowed from State Hospital, Hall Institute, Crafts-Farrow and Bryan Hospital libraries. Inter-library loans are also available from the South Carolina State Library, and through it, Cooper Library at USC; the School of Medicine Library and other Columbia area medical libraries; and Richland County Library.

To further enhance the library availability, reading centers have been established in each of the cottages in the women's (staff) lounge. The books and periodicals placed in these centers are reviewed frequently to insure a variety of reading experiences.

The library acts as a resource to staff by use of the inter-library services mentioned above and by periodic review and update of subscriptions to professional journals received through the library and available to all staff.

ADMINISTRATION

The second full year in the new Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center was a continuation of discovery and correction of deficiencies in the original construction. The litigation between the Department of Mental Health and the contractor has not come to trial. Fund transfers from other parts of the Center's budget were made to finance the required corrections and replacements.

The biggest disappointment of the year was the total loss of funds earned under Title XX. Of the approximately \$750,000 previously credited, \$549,463 was disallowed by the Department of Social Services' auditors and the remainder impounded into the general fund of the State of South Carolina.

REGISTRAR

During this fiscal year we have admitted 1,390 persons to Morris Village and have discharged 1,415 persons. In looking over our previous fiscal years number of admissions and discharges, these figures appear to be an average for the rate of admissions and discharges at Morris Village. The admissions area had to be enlarged to allow space for machinery installation which added considerable ease in the work flow of the admissions personnel. Purchase of a photographic identification system has also improved the efficiency of picture taking during the admissions process.

With the continued rate of admissions and discharges at Morris Village, the Medical Records Department has found space problems for filing patient records to be increasing. Therefore, we purchased a microfilm reader and printer combination machine. When the actual microfilming begins, we hope to have space available for the more current patient records to be filed.

The operation of the Post Office ran smoothly this fiscal year with few problems. All patient funds and disbursements, petty cash, cash receipts and postal duties are handled by our one clerk in this area. A larger postage machine was purchased to allow for bulk rate mail to be used at Morris Village.

The Registrar's staff has been involved in the medical records review and revision. One revision has been a change from the group leader's summary to a more inclusive final discharge summary.

PERSONNEL SERVICE AND EMPLOYEE RELATIONS

For the fiscal year 1977-78 ten five year emblems and three ten year emblems were awarded to employees of Morris Village.

A total of \$1,574.51 was contributed by the staff to the various charitable organizations (United Fund, Heart Fund, Cancer Fund and Easter Seal).

During the fiscal year 79 persons were employed with 58 separating and 9 transferring to other facilities. Also, 32 promotions, 21 reclassifications and one returned from educational leave.

FOOD SERVICE

Food Service began its third year at Morris Village on September 6, 1977. We still continue to operate the three resident dining rooms equipped with 3 M modules to heat the food. The modules have been modified to heat by the weight of the food rather than by length of time. An article has been published concerning our use of the 3 M System.

Salad, desserts and breads are still purchased from the Department of Mental Health. The employee's dining room is still only operated at lunch time. We purchased one new food cart to deliver food in.

The canteen has steadily increased in sales over the past year. A new pretzel machine was purchased but has not been delivered. Also a snack program has been initiated in the cottages.

SUPPLY AND SERVICES

Supply and Services has made great progress during the fiscal year in replacing all automobiles with new ones. Five new Plymouth Volares are now in use and by the end of the fiscal year all equipment will be new. No longer will the struggle to get the best car when going out of town be necessary. A new pick up truck has been added for use in building and ground maintenance.

The greenhouse has been added to the family of buildings and the Hortitherapist is turning out many new green plants. This activity has been very popular with the residents. The white building adjacent to the greenhouse has erected during the last year and serves as storage for Activities; such as fishing equipment, fertilizer and insecticides. This building also furnishes an office for the greenhouse.

Supplies, equipment, transportation, maintenance, and new construction continue to be the routine daily duties of this department.

SECURITY

The Morris Village Security force has been expanded to an eleven officer team utilizing a patrol sedan and a jeep for all weather and all terrain use. Electronic video surveillance continues to be a valuable tool allowing maximum coverage with a minimum of manpower expenditure.

Contraband control remains the focal point of concern. During this fiscal year nearly one hundred separate confiscations of contraband were carried out. The number of chemical tests of residents' urine and/or breath taken was 1,522 with 160 indicating the use of alcohol or drugs. Several criminal investigations culminated in legal action.

Fourteen separate training opportunities were taken with most training being offered by the S. C. Criminal Justice Academy, the S. C. Department of Mental Health, and the S. C. School of Alcohol and Drug Studies.

Members of the Security staff have been integrated into the treatment process participating in direct patient care as well as acting as resource persons for the interdisciplinary treatment teams and taking part in facility-wide activities.

PHASE II PROGRAM

The Phase II Program has continued to provide a screening process following admission for all residents over nineteen years of age. During this year approximately 500 of the almost 1,200 residents screened received the services of this intermediate program which has allowed for further orientation and education regarding addictions. Education is provided through ten didactic sessions which cover subjects such as Communications Skills, Group Dynamics, Family Dynamics, Grief/Guilt, Psychological Effects of Alcohol and Other Drugs, Physical Effects and Emotions and Addictions. Additionally, this period of more intensive evaluation of residents enables the professional staff at Morris Village to make appropriate referrals when other treatment programs seem indicated.

For those continuing into Phase III of treatment at Morris Village, the experience in Phase II provides an opportunity for residents to identify specific goals to be addressed.

The Phase II Program has a maximum population of twenty-four which includes residents of both sexes. A full array of services are provided by the Phase II staff with assistance from all departments at the Village.

This year has seen the addition of a full-time Phase II Coordinator.

YOUTH ADULT PROGRAM

The Young Adult Program at Morris Village has successfully completed its first year of operation. Much time was devoted to staff training and program development during this time, with the result that a full range of treatment services are available within the program.

In addition to basic program components such as group and individual psychotherapy and activities therapy, a fully accredited school program is available to Young Adult residents. A number of High School Equivalency degrees have been earned, and most residents still in school have been helped to return to home schools with minimum disruption.

Family Therapy services have been an especially important part of the Young Adult Program offerings. More than half of our residents have been significantly involved in family sessions during their treatment stay.

A number of special emphasis groups have been added (including a Women's Group, a Motor Emotive Expression Program, TA classes and Karate classes) to address special needs or interests of the Young Adult Residents.

A comprehensive program review is now underway, with the goal of strengthening and restructuring the unit; the review program involves clients as well as staff in analyzing program effectiveness.

Future plans call for the addition of an outdoor education and activity component to enable clients and staff to work together in a less non-institutional setting.

The program has demonstrated its value and has become, as hoped, an integral part of the Morris Village community.

ACTIVITY THERAPY

During the past year Activity Therapy continued to provide two of three referrals attended by all Morris Village residents. These are Recreational Therapy and Arts and Crafts shop. Three Recreational Therapy groups averaging 30 residents each meet daily. Also, there are three shop periods each day serving an average of 35 residents per period.

In addition to the above blanket referrals the Activity Therapy Department offered referral groups in Leisure Counseling, Functional Exercise and Music Therapy. These referrals are made by treatment team at the time of staffing and the numbers vary. However, during an average week approximately twelve residents would be involved in Functional Exercise, eight in Leisure Counseling group and up to twenty in the various Music Therapy groups.

The Activity Therapy staff is responsible for offering diversionary activities during the evening and on week-ends. To this end our staff coverage extends to 9:30 each evening; except Sunday. During this period residents are encouraged to take responsibility for planning for themselves with the Activity Therapy staff serving as resource personnel.

The group therapy program of Morris Village was supported by Activity Therapy providing approximately 20% of the primary and co-leaders used during the year in Phase III of the treatment program. To the enhancement of this program and others of Activity Therapy, staff participation in Department of Mental Health and other training opportunities was encouraged.

Not only did Activity Therapy staff participate in training; a number of workshops on Leisure Counseling, Recreational Therapy and Psychodrama were offered by members of the Activity Therapy staff.

Finally, the internship training program continued. Three students from three different universities, Clemson University, Indiana University and the University of North Carolina at Greensboro, are on campus this summer for the eleven week program. Two of these universities are new to our program.

VOCATIONAL REHABILITATION DIVISION

During the past year 604 persons addicted to the use of alcohol or drugs were referred to the Vocational Rehabilitation Department at Morris Village. Of this number 529 have been accepted as clients and given services of counseling and guidance, vocational evaluation, personal adjustment training, training for various vocations, placement in employment and financial assistance to assist in job stability. The facility has been instrumental in returning clients to former jobs, has assisted in new job contracts, and also assisted those who felt themselves capable of advancement through training. Each year the services rendered the residents of the Village have increased. Both the number of individuals served and the quality of services have been improved through incorporation of new and innovative ideas and equipment. During the past year Morris Village has been utilized as a training facility for practicum and intern students. This year 5 students from the University of South Carolina and other facilities have completed their requirements for Master's Degrees in Vocational Rehabilitation areas. The overall Vocational Rehabilitation program continues to grow and expand with new enthusiasm each year.

SOCIAL WORK SERVICE

Major treatment components at Morris Village have continued to operate with input from social work units, supervised by clinically trained social workers. Phase II Program is co-ordinated by an MSW who also supervises the two Social Workers assigned to this unit. The longer, more intensive treatment modality has continued with coverage of one social work unit assigned to each of the three multidisciplinary treatment teams. Each unit is supervised by an MSW and also functions with an additional two Social Workers.

This year completes the initial operation of the Young Adult Program which has had a social work unit consisting of an MSW and four Clinical Counselors. This has proven effective and practical and has maximized staff utilization.

Our Family Therapy Program has consistently maintained a high level of involvement with families, operating with an Addictions Specialist as supervisor, one Addiction Counselor and two Clinical Counselors. Co-ordinating all services offered to families by other treatment disciplines has become a major responsibility of the Family Therapy Program.

Generally, our 20 staff members have continued to support the concept of a therapy program which ideally provides a medium of interaction through which the resident can effect changes in himself by learning to deal with problems as they emerge within the residential environ-

ment. Program changes have focused on encouraging further interaction and problem solving and Social Work Service have been instrumental in providing primary leadership and focus for two special emphasis programs — "That Whole Family Mess" and the "Women's Educational Series." Both programs have been well received and are now incorporated in the total treatment program at the Village.

We have continued our relationship with the University of South Carolina, College of Social Work offering training experiences for first and second year graduate students working toward the Master of Social Work degree. We look forward to another productive year of training.

Ongoing and in-service training for personal and professional growth is encouraged and all staff have participated in learning experiences this past year. And, finally, staff have completed our operational manual, which is already outdated and remains a project for revision this new fiscal year.

Summary Statistical Report July 1977 — June 1978

Individual Contacts (Residents & Families)	11,207
Group Therapy Sessions with Residents	2,438
Group Therapy Sessions with Families	475
Family Members Participation	1,219

AFTERCARE

The Aftercare Department has five major areas of responsibility, each of which has developed and improved during fiscal year 1977-1978. These areas are follow-up, outreach, Narcotics Anonymous and Alcoholics Anonymous, aftercare planning and referral and finally the Community Residence Program.

In accomplishing the task of follow-up, over 4700 contacts were made with ex-residents by the Aftercare follow-up staff. These contacts are made every one, two, six and twelve months after discharge. Outreach with the community based alcohol and drug agencies received an increased priority as the Aftercare staff contacted these county agencies on 531 occasions. The follow-up and outreach staff attempt to make direct contact with each agency in every county at least once per month to assure continued aftercare treatment with Morris Village ex-residents.

Aftercare also has responsibility for the Morris Village Narcotics Anonymous and Alcoholics Anonymous chapters. Some 921 individuals, both resident and ex-residents participated in the once a week Narcotics Anonymous program. During fiscal year 1977-1978 there were 238 Alcoholics Anonymous meetings with 3324 Morris Village residents and

1026 former residents in attendance. In addition, an aftercare couples group had over 160 ex-residents involved.

Another task, Aftercare planning and referral, improved in both quality and percentage with the staff completing aftercare planning and referral of over 1000 residents.

Our final task and one which has continued in its development is the Community Residence Program. Both the male and the female house increased in stability as they provided housing for 138 Morris Village ex-residents who stayed an average of two and a half months.

PSYCHOLOGY

The Psychology Department has maintained its staff size over the past year, although there has been some turnover in personnel. Training of new employees has been of major importance, and these people have developed their skills considerably. The emphasis in training has been on intradepartmental instruction and practical supervision. In addition, all staff have been involved in extra-departmental training and education, including workshops, specialized instruction such as the SC School on Alcohol and Drug Studies, and graduate study. Continuing education has been enhanced by the development of a series of monthly colloquia designed to provide information about specialized topics. The colloquium program, currently in its infancy, is being expanded during the coming year.

Psychological evaluations have continued to be provided on a referral basis. The referral process has been altered, such that direct consultation between individuals requesting a psychological evaluation and a psychologist takes place prior to the beginning of the assessment process. This has served to streamline the evaluation process. The department has continued to provide a standardized test battery for residents involved in the school program. In addition, one psychologist has been designated as direct liaison between the Psychology Department and the school program.

Involvement in interdisciplinary treatment approaches has been expanded. Psychology staff have been involved in specialized group counseling for women, in relaxation training, in didactic group counseling concerning family dynamics, in marriage and family therapy, in serving on the Morris Village Research and Human Rights Committee. In addition, the department has continued to contribute significantly to the Group Therapy program, with the majority of the staff serving as group therapists at any given time.

As noted above, supervision and training have been increased within the department. Provision of supervision to other staff has also been

expanded, especially in the Group Therapy and Young Adult programs. The latter has received special emphasis, with structured education in the area of psychological and educational screening of young adults.

Several department members continue to be involved in personal research. A new experiment designed to assess the effectiveness of specialized group counseling for women was begun and is nearing completion. In addition, the department has continued to provide information about new research findings to Morris Village staff.

The development of a more thorough means of conducting psychoneurological evaluations has proceeded slowly. New psychoneurological test materials have been acquired, and the department is seeking a federal grant for further expansion of test materials and formalized training of staff.

COURT LIAISON UNIT

Court Liaison has continued to expand its services to the resident population at Morris Village and the Criminal Justice Agencies within the community. One counselor's job description has been modified to include direct contact with the criminal justice agencies within the State. This counselor will provide pertinent information to various courts and probation offices about Morris Village in addition to collecting follow up data on Court Liaison clients.

Court Liaison has worked closely with the University of S. C. Graduate School whereby it has been able to obtain an intern from the Graduate School of Criminal Justice. Court Liaison has also continued their working relationship with the Comprehensive Drug Treatment Program with the S. C. Department of Corrections in providing inpatient treatment for carefully screened addicted offenders.

During this past fiscal year, Court Liaison staff has assumed an active role in developing seminars and workshops for Morris Village employees who are interested in learning more about the criminal justice system. Seminars on Legal Aspects, the Family Court System and a breathalyzer demonstration have been presented thus far.

The Court Liaison staff has furthered their training by participation in various workshops including the S. C. School on Alcohol and Drug Studies, Governor's Policy Conference on Criminal Justice, International Conference on the State of Prisons and an Alcohol Safety Action Workshop.

The Court Liaison Unit has worked with an average of 33.8 percent of the population in reference to their legal problems. The unit has accepted 541 clients during the fiscal year with the leading community resources being the S. C. Commissions on Alcohol and Drug Abuse

(170); Mental Health Centers (74); Probation and Parole Offices (42); Treatment Alternatives to Street Crime Program (38); S. C. Department of Corrections (34); Circuit and Family Court (18); and the S. C. Department of Youth Services (12). Members of the Court Liaison staff have made 11 courtroom appearances and have attended 25 parole hearings.

ADULT AND ADOLESCENT EDUCATION PROGRAMS

The Adult Education Program at Morris Village is coordinated with District One Adult Education Department.

Diagnostic tests are administered which enable the instructor to design a program to meet the specific educational deficiencies of the student, who may be interested in basic education, or preparing for the High School Equivalency Examination.

The school program for adolescent residents at Morris Village is coordinated with the Special Services Department of Richland County School District One. Instruction includes a remedial program, a program to continue a student's home high school schedule, and a program to prepare for the High School Equivalency Examination. The teachers in the school program are a part of each adolescent's treatment team and the treatment team has input into the individualized educational plan of each student. Credits earned at Morris Village are transferred back to the student's home school. Every effort is made to insure that each resident has a successful school experience while at Morris Village.

NURSING SERVICE

Nursing Service at Morris Village has gone through a transition this year with a new Director and Nursing Supervisor.

We are experiencing many exciting and innovative changes to the nursing program, with the dual goals of providing nursing personnel growth opportunities and improved patient care.

Our staff includes 2 CPR instructors, and we are in the process of teaching all members of Nursing Service the CPR course.

Three of our nurses are involved in the Women's Educational Series.

Our services are involved in total resident care, which includes Admission, New Resident Orientation, Group Therapy and Treatment Team coverage. Nursing personnel are on duty continually in the admissions area where they assist in the in-processing of new residents. Nursing personnel are often the first contact the resident has with Morris Village staff, and therefore they are in a position to set the tone of how the new resident views Morris Village.

Nursing service operates the infirmary which includes a twice daily sick call. Additionally nursing personnel are assigned to Phase II to provide 24 hour treatment and supervisory coverage to the two Phase II cottages. For Phase II, Nursing service provides 3 personnel each night to provide supervisory coverage to the nine Phase III cottages.

MEDICAL SERVICE

The Medical Service was reorganized to include two Physician's Assistants for initial evaluation for history and physical examination to facilitate the flow of residents through Phase I. Each new admission is assigned to a specific staff member who, for continuity, follows the individual from the initial intake point through medical detection and determination of disabilities and limitations, and potential for participating in the treatment program. Sick call geared within a time-frame to other facets of the program continued to be a significant improvement and referral to the clinical centers was utilized with more meaningful liaison. The departmental complex of clinics is utilized for further examination, evaluation and treatment of residents with substance abuse where indicated. Experience with individuals having both a drug problem and a serious mental disorder has lead to the formulation of expanded capability for this category of resident, with the Director of Medical Service functioning as psychiatric consultant.

CHAPLAINCY

The Department of Chaplaincy at Morris Village functions in three primary areas. In direct patient care, every new resident is visited within 24 hours after admission by a Chaplain. Chaplains serve on treatment teams and provide individual therapy, family and group therapy. Two worship services are conducted weekly.

The second major area in which Chaplaincy is involved is education. Clinical Pastoral Education is offered for clergy on basic and advanced level. Workshops for clergy and for staff are provided.

Chaplains also serve as pastors to staff members who often need someone to listen. Chaplains are also involved in the various committees and programs of Morris Village.

The work of Chaplaincy at Morris Village continues to grow and expand in service provided.

RESEARCH AND EVALUATION

The departmental staff is composed of eight employees, including one Ph.D. counseling psychologist, one M.A. addiction specialist, two re-

search analysts, one statistician, two statistical clerks, and one secretary.

The Department completed six valuable studies during the year 1977-78. All these provided needed information for administrative decisions and treatment practices. Major questions answered by these studies were:

- (1) Did irregular discharges concentrate on certain days of the week, or on a certain age group?
- (2) What were the most popular reasons for administrative discharge?
- (3) How Morris Village residents differed from the general public on employment, marital status, occupation, and education?
- (4) How former residents of Morris Village differed from their correspondents, and addiction workers on community functioning and chemical abuse?
- (5) Did Phase II have any impact on readmission rate and length of stay in the community?
- (6) When chemical abusers were admitted to Morris Village, what did they expect from Morris Village?
- (7) Did residents of 1977 differ from residents of 1976?

Moreover, the Department was solely responsible for the operation of personal and social skills training, and biofeedback training for the residents. It served more than 200 residents. Also the Department staff actively participated in group therapy and other special emphasis programs such as "Solving Emotional Problems," "Women's Educational Series," and "Black Awareness Group."

Finally, the Department provided a workshop on "Biofeedback" to other agency staff, and conducted the special interest seminar on "Social Skills Training" at the S. C. School of Alcohol and Drug Studies.

G. WERBER BRYAN PSYCHIATRIC HOSPITAL

As the fiscal year began, the G. Werber Bryan Psychiatric Hospital had not yet been completed. When the fiscal year came to a close there were still some aspects of the facility which were not completed. They were primarily the paving of streets, landscaping, and construction of a pumping station for the grounds sprinkler system. In addition, there were a number of building and systems problems which had not been completely resolved. However, in spite of these difficulties, Bryan Hospital became an operational facility of the South Carolina Department of Mental Health during the fiscal year.

The initial staff members recruited for Bryan Hospital began moving into the new facility on September 28, 1977. They had been located for some time in a leased building on the campus of Crafts-Farrow State

Hospital. With the lease of this building scheduled to expire on September 30th, the decision was made to move into the office facilities at Bryan Hospital even though some of them were not completed. The work on the hospital continued by the General Contractor, Mercury Construction Company, until the latter part of December.

The contract for the paving of streets and roads at Bryan Hospital was awarded during the first part of November. Grading was started in December but due to severe weather this work was discontinued shortly afterward. Road and street construction was not resumed until late April and paving was started in June.

On February 6th the first lodge with 36 beds was opened and the first patient was admitted on February 7th. A second lodge with 36 beds was opened shortly afterward which provided a total of 72 beds. These 72 beds were designated to provide services for residents of Fairfield, Lexington, and Richland counties. During the fiscal year a total of 198 persons were received for treatment services at Bryan Hospital. Of this number 113 received regular discharges and 16 were transferred to other facilities. The average daily census was 42 for the period the hospital was open during the fiscal year. At the close of the fiscal year there were 68 residents in Bryan Hospital.

As we view the year in retrospect we can see more clearly how difficult it really was. There were obviously a number of problems to be anticipated in the opening of a new facility such as Bryan Hospital. However, it is apparent that some of these problems were intensified and magnified by conditions and situations which were not anticipated. The recruitment of an adequate number of registered nurses has been a major problem which continues to cause considerable difficulty for this facility. While this particular problem is prevalent throughout the Department of Mental Health, it is especially crucial to a new facility in the process of developing adequate staffing for programs and trying to cope with new spatial concepts.

The highlight of the year was the dedication of the facility on February 21, 1978. The Honorable Frank M. Johnson, Jr., Chief Judge of the U. S. District Court for the Middle District of Alabama, who was the speaker for this occasion toured the facility prior to the dedication ceremony. Well known as the author of the Wyatt v. Stickney landmark decision, Judge Johnson's address was an important statement, not only for Bryan Hospital but for all other facilities involved in providing mental health services. The dedication program appropriately focused on the man for whom this facility is named, the Honorable G. Werber Bryan. It is our great hope that the services provided by this facility will continue to honor in a definitive way the many contributions of this great South Carolinian to the cause of the mentally ill in this State.

As we close the records on the first fiscal year of the G. Werber Bryan Psychiatric Hospital we would be amiss not to call attention to the contributions made by so many people in this endeavor. First of all, we would express our sincere appreciation to all of the staff at Bryan Hospital for their efforts and contributions. Even though this is a new facility with new equipment and an attractive landscaping, it is still basically the program which will make it an effective and viable entity. Without a highly motivated and well trained staff none of the physical facilities will be of very much value. We are fortunate to have been able to recruit many persons who have become the nucleus of what we believe will in time become an outstanding staff.

Additionally, we would like to express our appreciation to many persons from other components of the Department of Mental Health who provided assistance throughout the year and especially during the time when Bryan Hospital was intensely preparing to open for patients. South Carolina State Hospital, Crafts-Farrow State Hospital, and Morris Village, all loaned vital items of equipment which enabled this facility to open in February. For this service and the continued support of these facilities we are deeply grateful.

As we look forward to the new fiscal year we are hopeful that many of the problems of the past will be resolved and that as additional facilities are made ready to receive patients that it will be easier for our staff as well as the rest of the Department. The basic challenge is to find innovative methods of providing services for those entrusted to our care in this facility. We feel that the staff of the G. Werber Bryan Psychiatric Hospital will respond to this challenge.

**HOSPITAL SERVICES
GENERAL STATISTICS
FY 1977-1978**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	2060	1826	3886
On leave without permission	58	24	82
Total	2118	1850	3968
Admissions during twelve months:			
First admissions	2385	1269	3654
Re-admissions	2141	1251	3392
Transferred in	85	69	154
Total received	4611	2589	7200
Total on books during twelve months	6729	4439	11,168
Discharged from books during twelve months	4,396	2,343	6,739
Died during twelve months	182	180	362
Transferred out	85	69	154
Total separated	4,663	2,592	7,255
Patients remaining on books at end of hospital year:			
In hospital(s)	2,018	1,826	3,844
On leave without permission	48	21	69
Total	2,066	1,847	3,913
Daily average in hospital(s)	2,018	1,803	3,821
Regular discharges from LWP	319	133	452
Left without permission	571	236	807
Returns from LWP	206	82	288
Regular discharges	4,021	2,186	6,207
Statistical discharges	56	24	80
Types of admissions:			
Voluntary	1,751	1,036	2,787
Medical Certificate, Non-Judicial	10	5	15
Medical Certificate, Emergency	2,057	1,371	3,428
Judicial	33	19	52
Court Order	626	67	693
Order of Governor	0	0	0
Order of Mental Health Commission	0	1	1
Other	49	21	70
Total	4526	2,520	7,046

**SOUTH CAROLINA STATE HOSPITAL
GENERAL STATISTICS
FY 1977-1978**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	998	682	1,680
On leave without permission	22	12	34
Total	1,020	694	1,714
Admissions during twelve months:			
First admissions	1,283	536	1,819
Re-admissions	1,276	685	1,961
Transferred in	23	13	36
Total received	2,582	1,234	3,816
Total on books during twelve months	3,602	1,928	5,530
Discharged from books during twelve months	2,554	1,205	3,759
Died during twelve months	36	22	58
Transferred out	30	15	45
Total separated	2,620	1,242	3,862
Patients remaining on books at end of hospital year:			
In hospital(s)	958	677	1,635
On leave without permission	24	9	33
Total	982	686	1,668
Daily average in hospital(s)	959	679	1,638
Regular discharges from LWP	5	1	6
Left without permission	217	66	283
Returns from LWP	162	49	211
Regular discharges	2,501	1,185	3,686
Statistical discharges	48	19	67
Types of admissions:			
Voluntary	305	227	532
Medical Certificate, Non-Judicial	0	1	1
Medical Certificate, Emergency	1,585	903	2,488
Judicial	29	9	38
Court Order	599	62	661
Order of Governor	0	0	0
Order of Mental Health Commission	0	1	1
Other	41	18	59
Total	2,559	1,221	3780

**CRAFTS-FARROW STATE HOSPITAL
GENERAL STATISTICS
FY 1977-1978**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	766	929	1,695
On leave without permission	4	2	6
Total	770	931	1,701
Admissions during twelve months:			
First admissions	288	275	563
Re-admissions	194	219	413
Transferred in	12	12	24
Total received	494	506	1,000
Total on books during twelve months	1,264	1,437	2,701
Discharged from books during twelve months	372	361	733
Died during twelve months	130	141	271
Transferred out	12	24	36
Total separated	514	526	1,040
Patients remaining on books at end of hospital year:			
In hospital(s)	742	906	1,648
On leave without permission	8	5	13
Total	750	911	1,661
Daily average in hospital(s)	748	895	1,643
Regular discharges from LWP	2	4	6
Left without permission	26	27	53
Returns from LWP	17	18	35
Regular discharges	367	355	722
Statistical discharges	3	2	5
Types of admissions:			
Voluntary	62	96	158
Medical Certificate, Non-Judicial	0	0	0
Medical Certificate, Emergency	388	385	773
Judicial	3	8	11
Court Order	27	4	31
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	2	1	3
Total	482	494	976

**WILLIAM S. HALL PSYCHIATRIC INSTITUTE
GENERAL STATISTICS
FY 1977-1978**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	46	61	107
On leave without permission	0	1	1
Total	46	62	108
Admissions during twelve months:			
First admissions	142	222	364
Re-admissions	136	171	307
Transferred in	18	13	31
Total received	296	406	702
Total on books during twelve months	342	468	810
Discharged from books during twelve months	281	387	668
Died during twelve months	2	2	4
Transferred out	20	16	36
Total separated	303	405	708
Patients remaining on books at end of hospital year:			
In hospital(s)	36	60	96
On leave without permission	3	3	6
Total	39	63	102
Daily average in hospital(s)	37	57	94
Regular discharges from LWP	8	5	13
Left without permission	19	17	36
Returns from LWP	8	9	17
Regular discharges	273	381	654
Statistical discharges	0	1	1
Types of admissions:			
Voluntary	230	338	568
Medical Certificate, Non-Judicial	0	0	0
Medical Certificate, Emergency	41	50	91
Judicial	1	2	3
Court Order	0	1	1
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	6	2	8
Total	278	393	671

**C. M. TUCKER, JR. HUMAN RESOURCES CENTER
GENERAL STATISTICS
FY 1977-1978**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	153	116	269
On leave without permission	4	0	4
Total	157	116	273
Admissions during twelve months:			
First admissions	23	2	25
Re-admissions	10	3	13
Transferred in	30	28	58
Total received	63	33	96
Total on books during twelve months	220	149	369
Discharged from books during twelve months	46	5	51
Died during twelve months	13	15	28
Transferred out	14	7	21
Total separated	73	27	100
Patients remaining on books at end of hospital year:			
In hospital(s)	147	122	269
On leave without permission	0	0	0
Total	147	122	269
Daily average in hospital(s)	155	118	273
Regular discharges from LWP	2	0	2
Left without permission	7	1	8
Returns from LWP	4	0	4
Regular discharges	39	4	43
Statistical discharges	5	1	6
Types of admissions:			
Voluntary	33	5	38
Medical Certificate, Non-Judicial	0	0	0
Medical Certificate, Emergency	0	0	0
Judicial	0	0	0
Court Order	0	0	0
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	0	0	0
Total	33	5	38

G. WERBER BRYAN PSYCHIATRIC HOSPITAL*
GENERAL STATISTICS
FY 1977-1978

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	0	0	0
On leave without permission	0	0	0
Total	0	0	0
Admissions during twelve months:			
First admissions	35	45	80
Re-admissions	62	51	113
Transferred in	2	3	5
Total received	99	99	198
Total on books during twelve months	99	99	198
Discharged from books during twelve months	57	57	114
Died during twelve months	0	0	0
Transferred out	9	7	16
Total separated	66	64	130
Patients remaining on books at end of hospital year:			
In hospital(s)	33	35	68
On leave without permission	0	0	0
Total	33	35	68
Daily average in hospital(s)	21	21	42
Regular discharges from LWP	0	0	0
Left without permission	2	2	4
Returns from LWP	2	1	3
Regular discharges	57	56	113
Statistical discharges	0	1	1
Types of admissions:			
Voluntary	54	63	117
Medical Certificate, Non-Judicial	0	0	0
Medical Certificate, Emergency	43	33	76
Judicial	0	0	0
Court Order	0	0	0
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	0	0	0
Total	97	96	193

* Opened February 6, 1978.

**MORRIS VILLAGE
GENERAL STATISTICS
FY 1977-1978**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s)	97	38	135
On leave without permission	28	9	37
Total	125	47	172
Admissions during twelve months:			
First admissions	614	189	803
Re-admissions	463	122	585
Transferred in	0	0	0
Total received	1,077	311	1,388
Total on books during twelve months	1,202	358	1,560
Discharged from books during twelve months	1,086	328	1,414
Died during twelve months	1	0	1
Transferred out	0	0	0
Total separated	1,087	328	1,415
Patients remaining on books at end of hospital year:			
In hospital(s)	102	26	128
On leave without permission	13	4	17
Total	115	30	145
Daily average in hospital(s)	98	33	131
Regular discharges from LWP	302	123	425
Left without permission	300	123	423
Returns from LWP	13	5	18
Regular discharges	784	205	989
Statistical discharges	0	0	0
Types of admissions:			
Voluntary	1,067	307	1,374
Medical Certificate, Non-Judicial	10	4	14
Medical Certificate, Emergency	0	0	0
Judicial	0	0	0
Court Order	0	0	0
Order of Governor	0	0	0
Order of Mental Health Commission	0	0	0
Other	0	0	0
Total	1,077	311	1,388

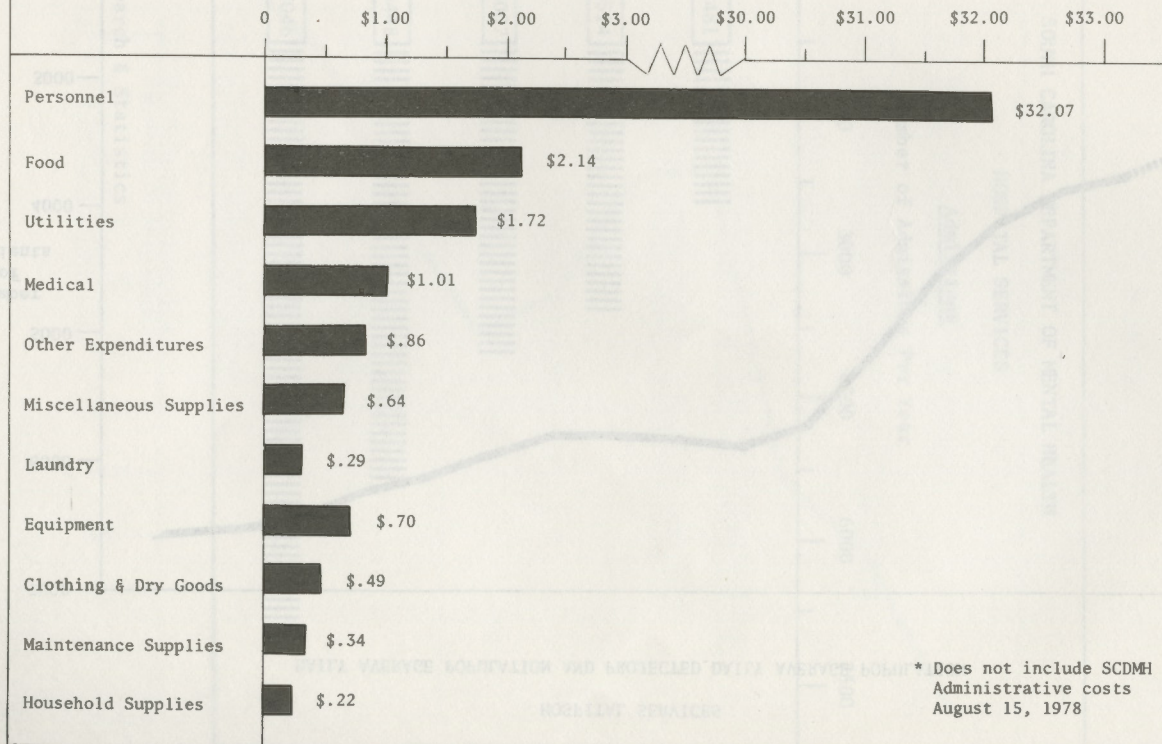
SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

MAINTENANCE EXPENDITURE PER PATIENT PER DAY*

1977 - 1978

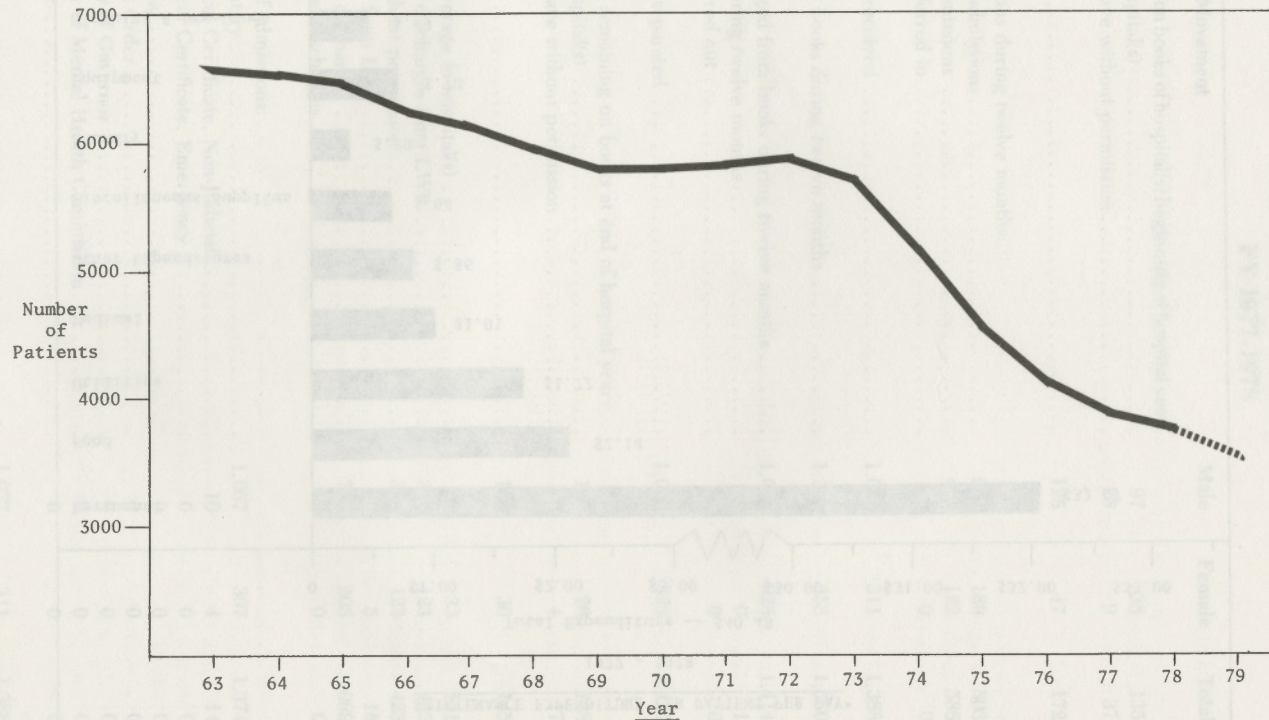
Total Expenditure -- \$40.48



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

DAILY AVERAGE POPULATION AND PROJECTED DAILY AVERAGE POPULATION



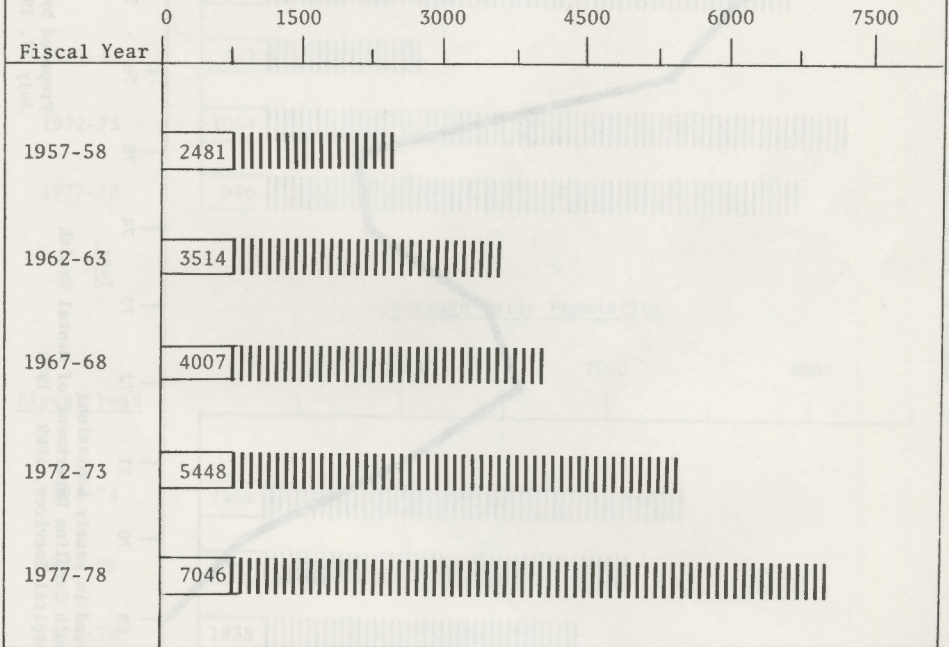
Prepared by Research & Statistics
August 3, 1978

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

Admissions

Number of Admissions Per Year



Prepared by Research & Statistics
 July 27, 1978

Prepared by Research & Statistics
 July 31, 1978

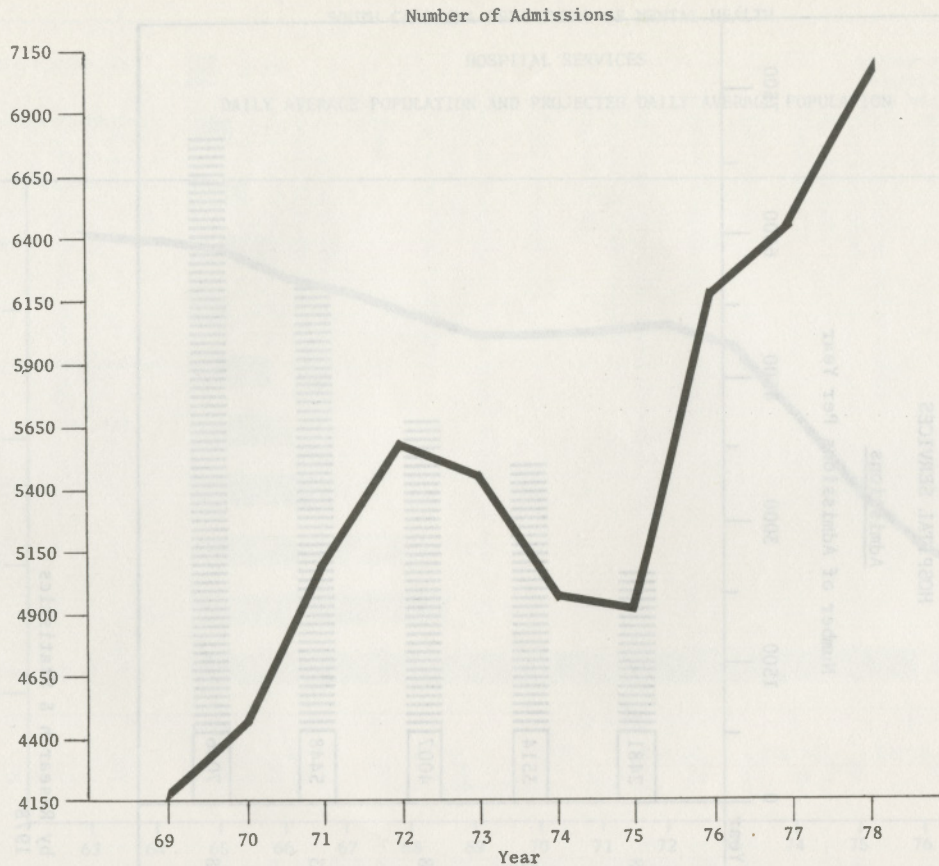
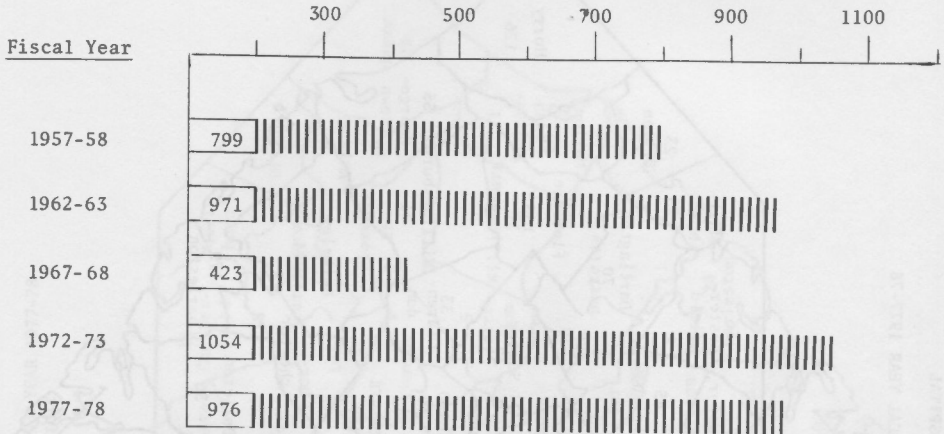


Figure 1 Trend in yearly admissions
South Carolina Department of Mental Health
Hospital Services, 1969 - 1978

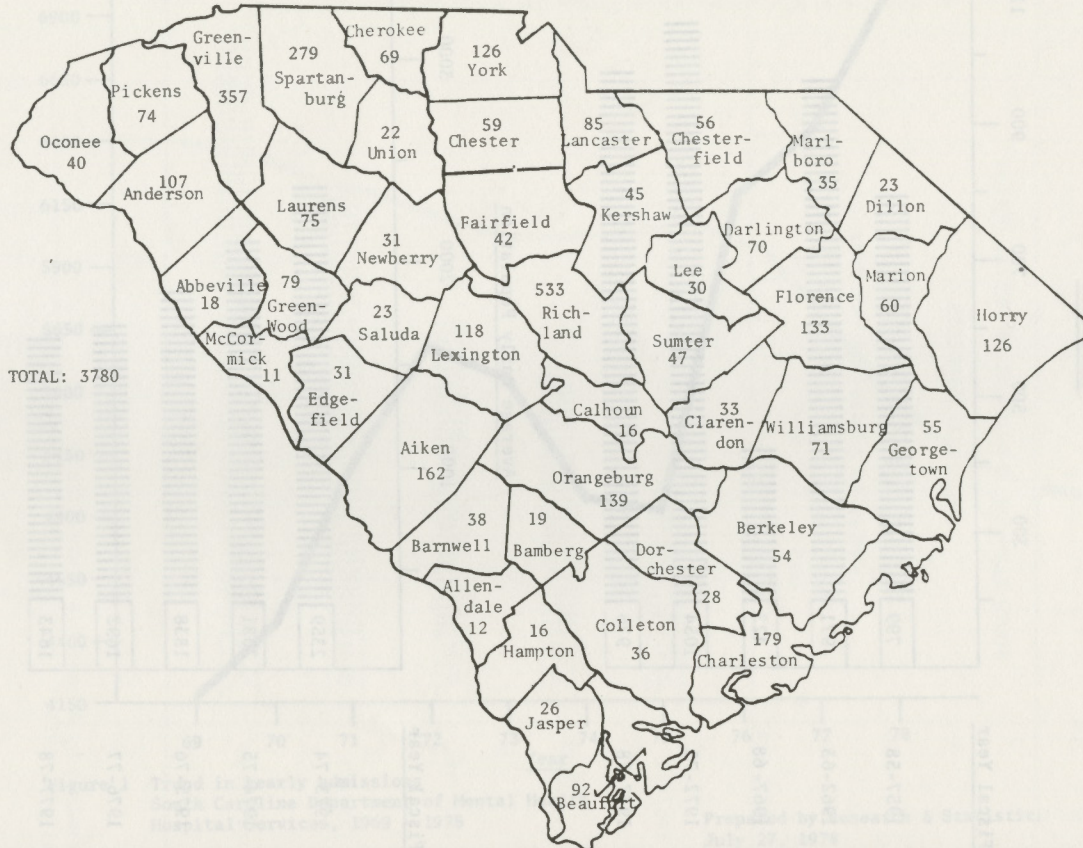
Prepared by Research & Statistics
July 27, 1978

CRAFTS-FARROW STATE HOSPITAL

AdmissionsAverage Daily Population

Prepared By Research & Statistics
July 31, 1978

SOUTH CAROLINA STATE HOSPITAL
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1977-78

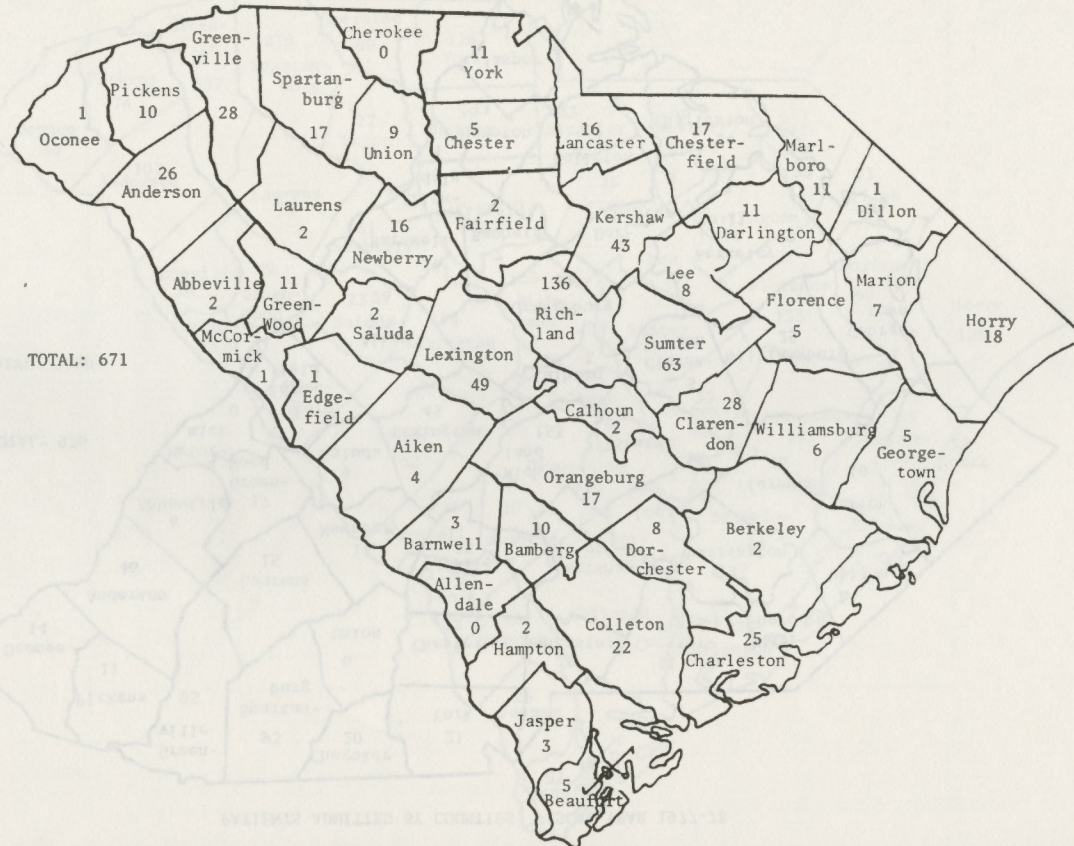


CRAFTS-FARROW STATE HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1977-78



WILLIAM S. HALL PSYCHIATRIC INSTITUTE
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1977-78



C. M. TUCKER, JR. HUMAN RESOURCES CENTER

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1977-78



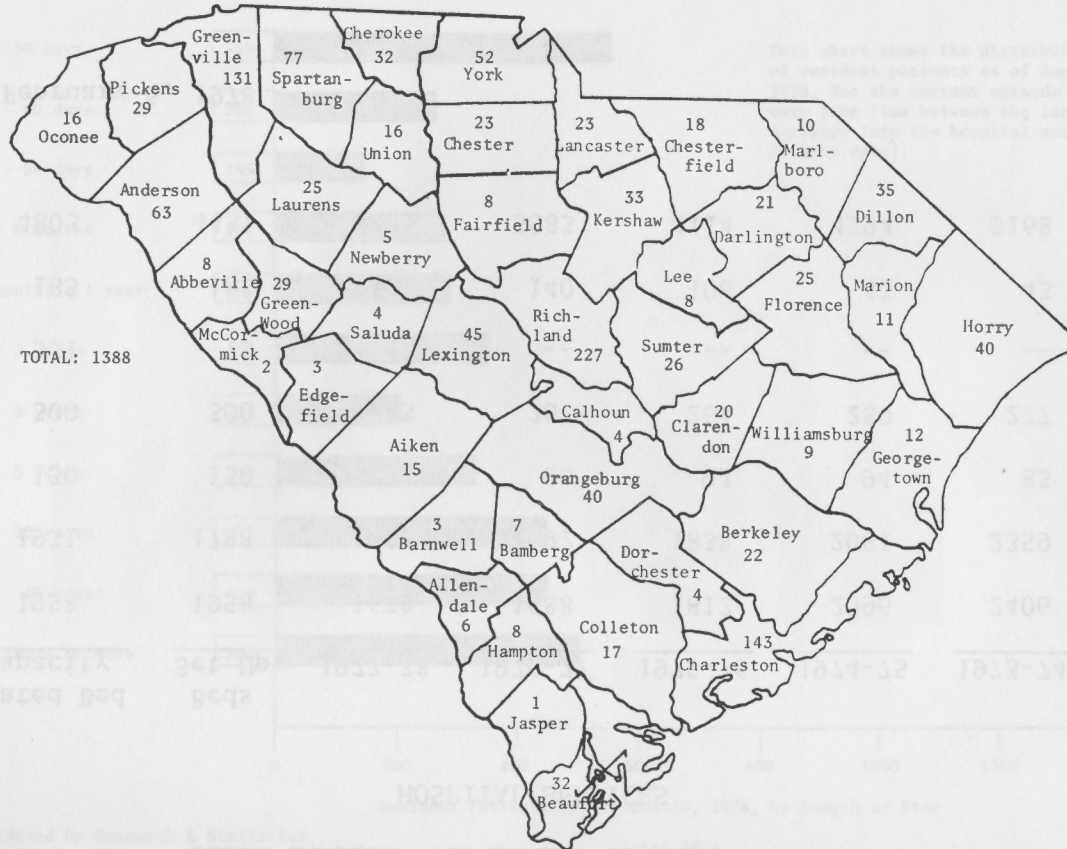
G. WERBER BRYAN PSYCHIATRIC HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1977-78



MORRIS VILLAGE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1977-78



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

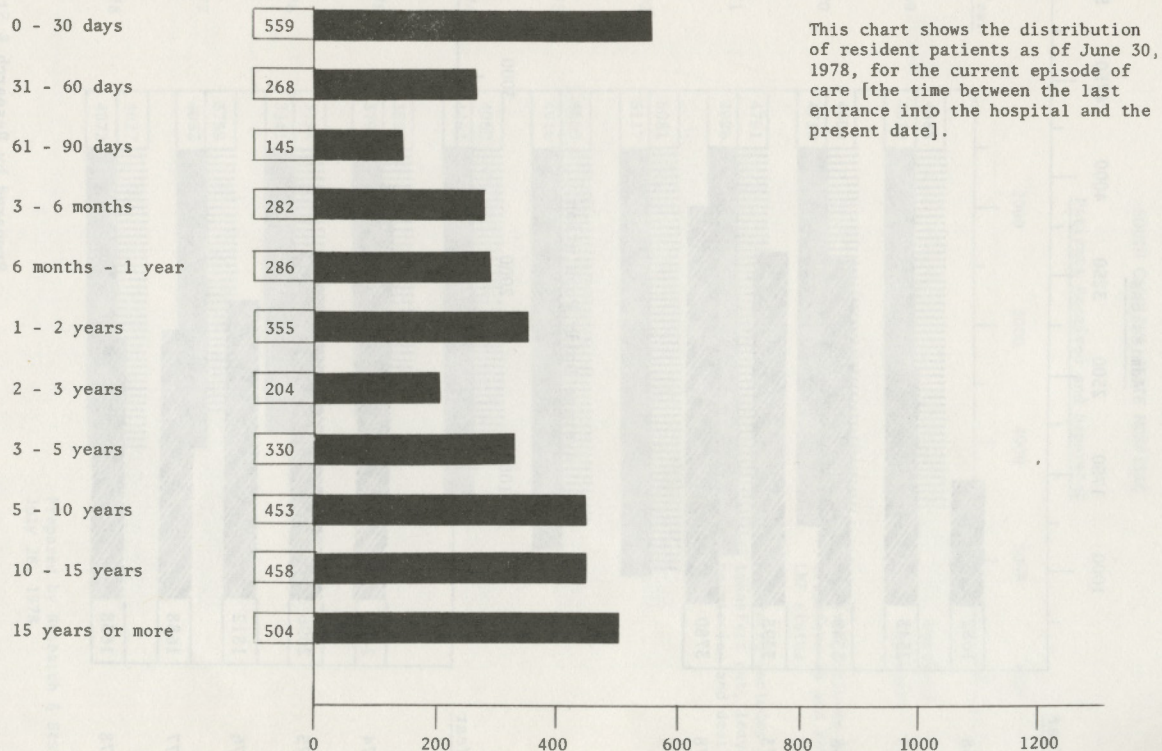
<u>Facility</u>	<u>Rated Bed Capacity</u>	<u>Beds Set Up</u>	<u>1977-78</u>	<u>1976-77</u>	<u>1975-76</u>	<u>1974-75</u>	<u>1973-74</u>	<u>1972-73</u>
SCSH	1958	1958	1638	1688	1812	2096	2406	2753
CFSH	1931	1788	1643	1692	1838	2081	2359	2536
WSHPI	130	130	94	96	94	94	83	80
THRC	300	300	273	267	264	280	277	289
BPH*	301	72	42	--	--	--	--	--
MV	183	183	131	140	106	43	43	43
TOTAL	4803	4431	3821	3883	4114	4594	5168	5701

* Opened on February 6, 1978

Prepared by Research & Statistics
August 9, 1978

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

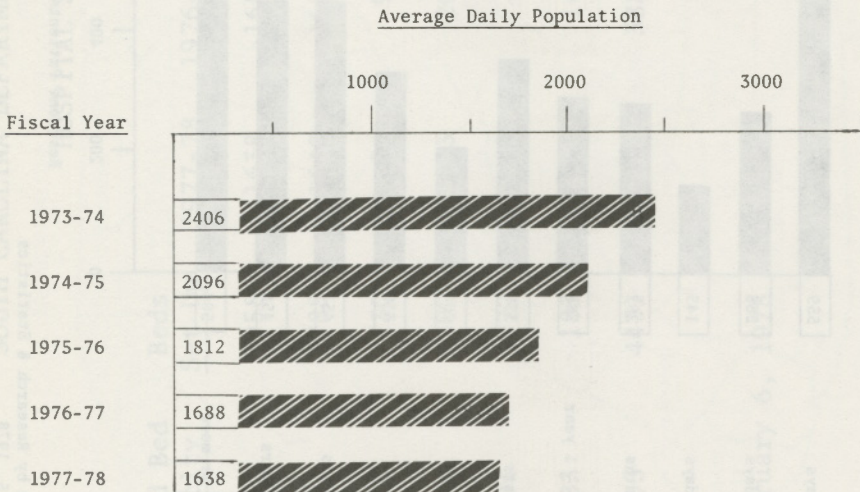
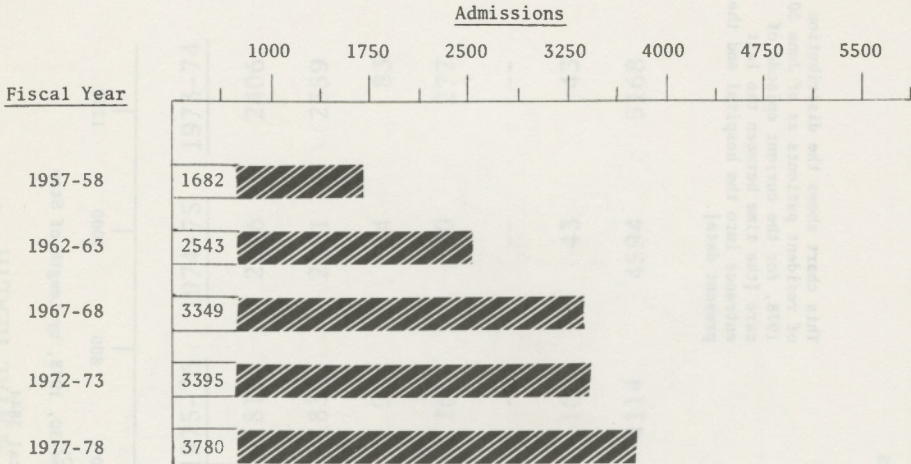


Resident Patients as of June 30, 1978, by Length of Stay

Prepared by Research & Statistics
August 15, 1978

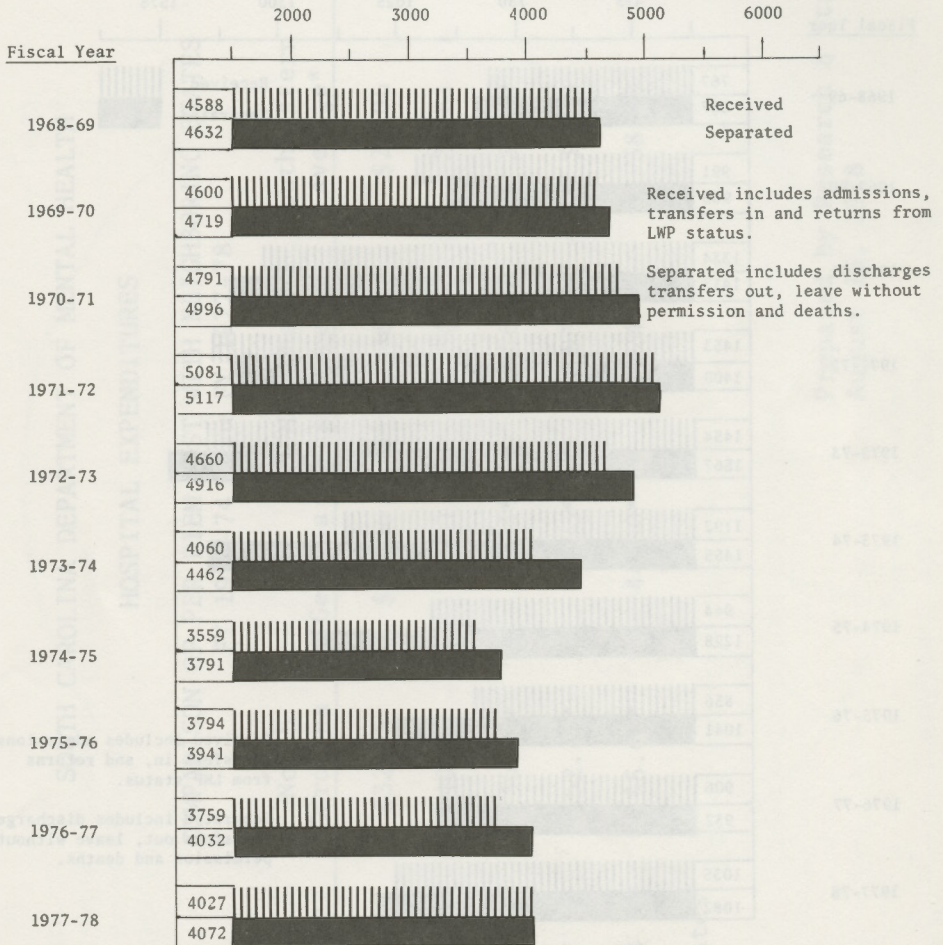
Total 3844

SOUTH CAROLINA STATE HOSPITAL



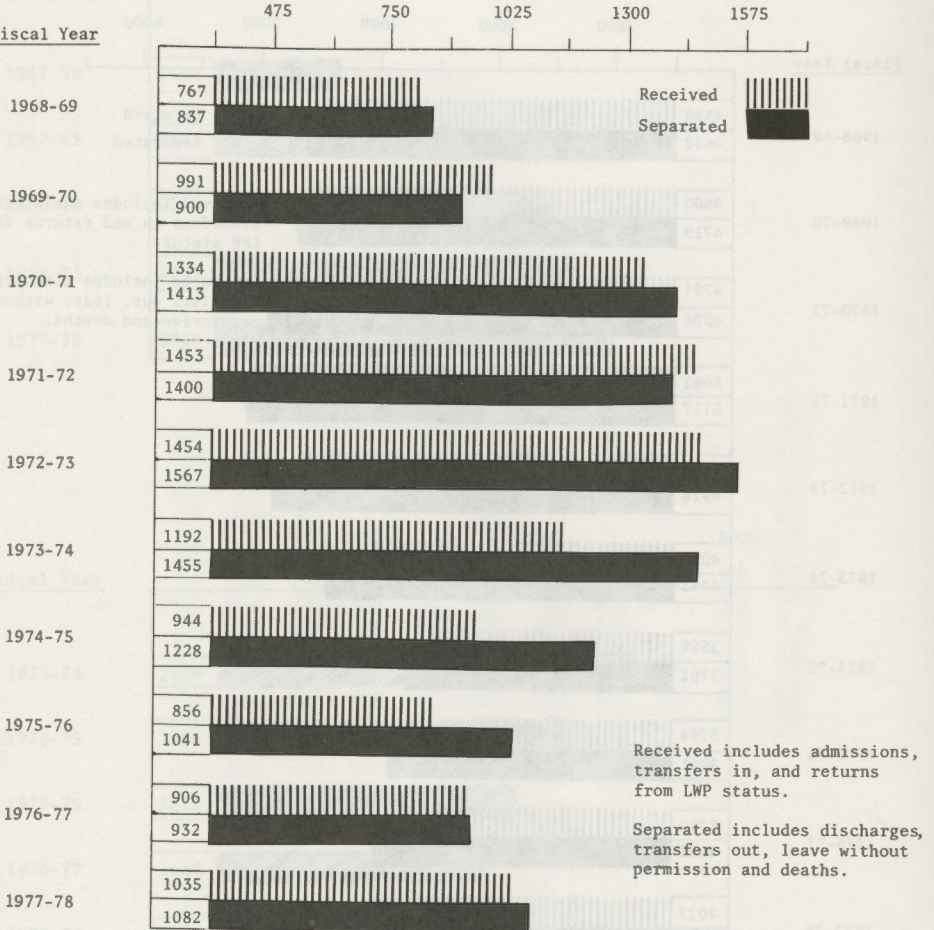
Prepared by Research & Statistics
July 27, 1978

SOUTH CAROLINA STATE HOSPITAL

Patients Received and Separated

Prepared by Research & Statistics
July 28, 1978

CRAFTS-FARROW STATE HOSPITAL

Patients Received and SeparatedFiscal Year

Prepared by Research & Statistics
July 31, 1978

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL EXPENDITURES

COMPARISON OF PER DIEM COST WITH NEIGHBORING STATES FY 1973-74 thru FY 1977-78

Fiscal Year	North Carolina	Georgia	National Average*	Southeastern Average*	South Carolina
1973-74	\$32.95	\$28.36	\$30.86	\$23.06	\$15.23
1974-75	40.97	33.39	37.54	28.64	22.29
1975-76	46.66*	37.54*	41.56	32.29	26.86
1976-77	52.44*	41.83*	45.93	36.59	30.82
1977-78	55.64*	44.50*	49.24	38.98	40.48

*Estimates

Prepared by Research & Statistics
August 15, 1978

WILLIAM S. HALL PSYCHIATRIC INSTITUTE
OUTPATIENT SERVICES
FY 1977 - 1978

Person-Interviews With or About Patient	6792
Person-Interviews in Group Psychotherapy	573
Group Psychotherapy Sessions	173

	<u>General Psychiatry</u>		<u>Neurology</u>		<u>Child Psychiatry</u>	
	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>
Census July 1, 1977	1	185	229	177	82	0
New Admissions	2	174	109	59	105	2
Readmissions	0	34	5	5	24	0
Terminations	2	226	68	69	130	1
Census June 30, 1978	1	167	275	172	81	1

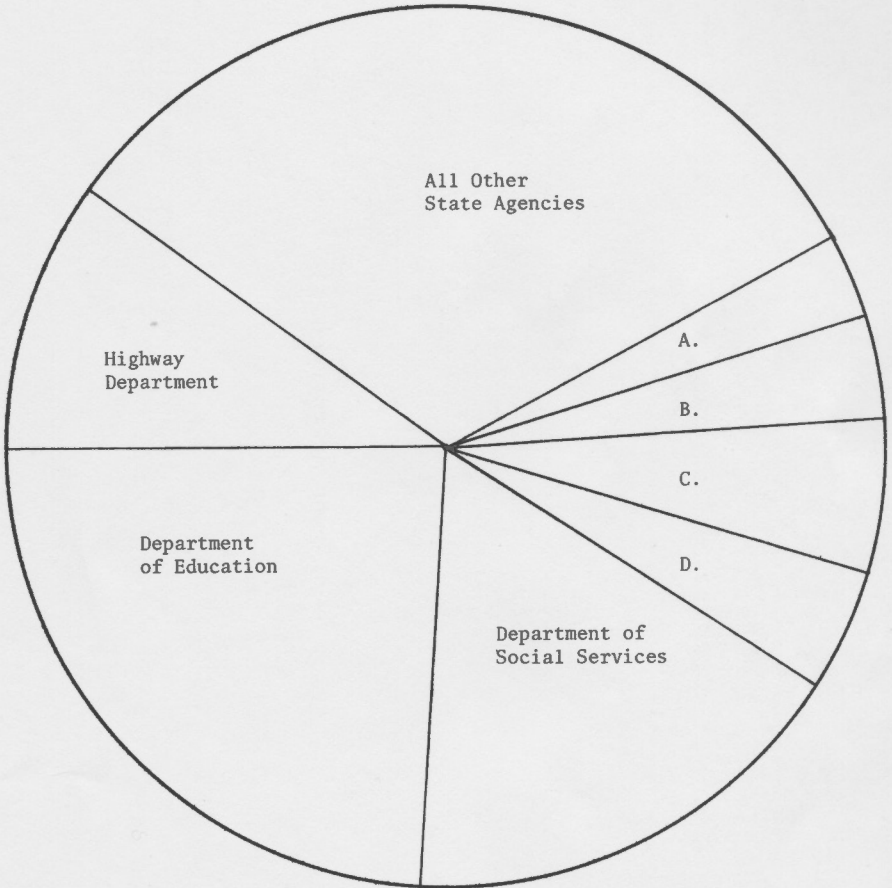
180

TYPE OF SERVICE
RENDERED TO TERMINATED PATIENTS
FY 1977 - 1978

	<u>General Psychiatry</u>	<u>Neurology</u>	<u>Child Psychiatry</u>
Intake Application Only	82	1	50
Evaluation for Other Agencies	2	60	3
All Others Including Incomplete Diagnoses	2	0	8
Treatment Service	142	76	70
TOTAL	228	137	131

STATE OF SOUTH CAROLINA
APPROPRIATIONS FOR FY 1977 - 1978

A PIE CHART



- A. Department of Mental Health
- B. Medical University of South Carolina
- C. Other Health Agencies
- D. University of South Carolina

Prepared by Research & Statistics
August 24, 1978

